| Fill | in this inform                            | nation to identify your case:  |         |                        |                   |
|------|---|--|---------|------------------------|-------------------|
|      | otor 1                                    | Adriane Christine Calcote  |         |                        |                   |
|      |   | First Name Middle Name Last Name   |         |                        |                   |
| 1    | otor 2<br>ouse if, filing)                | Cameron Dwayne Hambrick First Name Middle Name Last Name   |         |                        |                   |
| ` `  |   | nkruptcy Court for the: SOUTHERN DISTRICT OF MISSISSIPPI   |         |                        |                   |
|      |   |  |         |                        |                   |
|      | se number<br>nown)                        |  | _       | Check if to<br>amended |                   |
|      |   | <u>rm 106Sum</u>   |         |                        |                   |
|      |   | f Your Assets and Liabilities and Certain Statistical Information  |         | 12/                    |                   |
| info | rmation. Fill or original form            | nd accurate as possible. If two married people are filing together, both are equally responsible for the formal of your schedules first; then complete the information on this form. If you are filing amenders, you must fill out a new Summary and check the box at the top of this page.  Arize Your Assets |         |                        |                   |
|      |   |  |         | our asse<br>alue of wl | ts<br>hat you own |
| 1.   |   | /B: Property (Official Form 106A/B) e 55, Total real estate, from Schedule A/B   | \$      |                        | 0.00              |
|      | 1b. Copy line                             | e 62, Total personal property, from Schedule A/B   | \$      |                        | 62,595.76         |
|      | 1c. Copy line                             | e 63, Total of all property on Schedule A/B  | \$      |                        | 62,595.76         |
| Par  | t 2: Summa                                | arize Your Liabilities   |         |                        |                   |
|      |   |  |         | our liabil<br>mount yo |                   |
| 2.   |   | Creditors Who Have Claims Secured by Property (Official Form 106D) total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D   | \$      |                        | 29,924.00         |
| 3.   |   | F: Creditors Who Have Unsecured Claims (Official Form 106E/F) e total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F  | \$      |                        | 0.00              |
|      | 3b. Copy the                              | e total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F   | \$      |                        | 23,106.66         |
|      |   | Your total liabilities   | \$      |                        | 53,030.66         |
| Par  | t 3: Summa                                | arize Your Income and Expenses   |         |                        |                   |
| 4.   |   | Your Income (Official Form 106I) ombined monthly income from line 12 of Schedule I   | \$      |                        | 5,053.83          |
| 5.   | Schedule J:<br>Copy your m                | Your Expenses (Official Form 106J) onthly expenses from line 22c of Schedule J   | \$      |                        | 3,602.00          |
| Par  | t 4: Answe                                | r These Questions for Administrative and Statistical Records   |         |                        |                   |
| 6.   | -   | ng for bankruptcy under Chapters 7, 11, or 13?  u have nothing to report on this part of the form. Check this box and submit this form to the court with you   | ur othe | ər schedı              | ules.             |
| 7.   | <ul><li>Yes</li><li>What kind o</li></ul> | f debt do you have?  |         |                        |                   |
|      |   | ebts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for old purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.  | a pers  | onal, fan              | nily, or          |

the court with your other schedules.

Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to

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| Debtor 1<br>Debtor 2 | Adriane Christine Calcote Cameron Dwayne Hambrick   | Case number (if known) |                |
|----------------------|---|------------------------|----------------|
|                      | n the Statement of Your Current Monthly Income: Cop<br>N-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Li |                        | \$<br>5,545.04 |

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

|  | Total cla | im       |
|--|-----------|----------|
| From Part 4 on Schedule E/F, copy the following:   |           |          |
| 9a. Domestic support obligations (Copy line 6a.)   | \$        | 0.00     |
| 9b. Taxes and certain other debts you owe the government. (Copy line 6b.)  | \$        | 0.00     |
| 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)  | \$        | 0.00     |
| 9d. Student loans. (Copy line 6f.)   | \$        | 7,733.00 |
| 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) | \$        | 0.00     |
| 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)                                       | +\$       | 0.00     |
| 9g. <b>Total.</b> Add lines 9a through 9f.   | \$        | 7,733.00 |

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|  | formation to identify your   | _   |   |  |   |
|--|--|---|---|--|---|
| Debtor 1   | Adriane Christin   | e Calcote  Middle Name  | Last Name   |  |   |
| Dobtor 2   |  |   | Lastivanie  |  |   |
| Debtor 2<br>(Spouse, if filing)  | Cameron Dwayn First Name   | Middle Name   | Last Name   |  |   |
|  | Bankruptcy Court for the:  | SOUTHERN DISTRICT C   | F MISSISSIPPI   |  |   |
|  |  |   |   |  |   |
| Case number  | r  |   |   |  | ☐ Check if this is an amended filing  |
| Official I   | Form 106A/B  |   |   |  |   |
| Sched  | ule A/B: Prop  | erty  |   |  | 12/15   |
| Part 1: Description of the Answer every of the | more space is needed, attachquestion.  ribe Each Residence, Buildin  or have any legal or equitable Part 2.  ere is the property?  ribe Your Vehicles  lease, or have legal or equives. If you lease a vehicle | n a separate sheet to this form g, Land, or Other Real Estate le interest in any residence, b uitable interest in any veh | I people are filing together, both and the top of any additional party of the top | ges, write your name and care? ? tered or not? Include any | se number (if known).   |
| Yes  |  |   |   |  |   |
| 3.1 Make:<br>Model:  | Lincoln<br>LS  | Who has an intere   | st in the property? Check one   | the amount of any secur                                    | claims or exemptions. Put red claims on Schedule D: aims Secured by Property.       |
| Year:  | 2000   | ☐ Debtor 2 only   |   | Current value of the                                       | Current value of the  |
|  |  | <b>3000</b> □ Debtor 1 and De   | •   | entire property?   | portion you own?  |
| Other in   | nformation:  |   | he debtors and another  |  |   |
|  |  | Check if this is (see instructions)   | community property  | \$2,025.00   | \$2,025.00  |
| 3.2 Make:<br>Model:  | Ford<br>Mustang  | Who has an intere   | st in the property? Check one   | the amount of any secur                                    | claims or exemptions. Put<br>red claims on Schedule D:<br>aims Secured by Property. |
| Year:  | 2020   | Debtor 2 only   |   | Current value of the                                       | Current value of the  |
| Approx   | imate mileage: 5   | 7432 Debtor 1 and De  | ebtor 2 only  | entire property?   | portion you own?  |
| Other in   | nformation:  | _   | he debtors and another  |  |   |
|  |  | Check if this is  | community property  | \$24,131.00  | \$24,131.00   |

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| Debt        |                     | Cariane Christi<br>Cameron Dway                          |  |   | Case number (if known)               |  |
|-------------|---------------------|--|--|---|--------------------------------------|--|
|             |                     |  |  | d other recreational vehicles, other vehicle tercraft, fishing vessels, snowmobiles, motorc |                                      |  |
| П           | No                  |  |  |   |                                      |  |
|             | Yes                 |  |  |   |                                      |  |
| -           | res                 |  |  |   |                                      |  |
| 4.1         | Make:               | Camper   |  | Who has an interest in the property? Check one  | Do not deduct sec                    | ured claims or exemptions. Put   |
|             | Model:              |  |  | Debtor 1 only   |                                      | secured claims on Schedule D: ve Claims Secured by Property.                       |
|             | Year:               |  |  | ☐ Debtor 2 only   |                                      | , , ,  |
|             |                     |  |  | ■ Debtor 1 and Debtor 2 only  | Current value of<br>entire property? | the Current value of the portion you own?  |
|             | Other in            | formation:   |  | $\square$ At least one of the debtors and another   |                                      |  |
|             |                     |  |  | ☐ Check if this is community property (see instructions)                                    | \$1,000.                             | 91,000.00  |
| .p.<br>Part | ages you  3: Descri | have attached f  | for Part 2. Write t                      |   |                                      | \$27,156.00  |
| Do y        | ou own o            | or have any lega   | ll or equitable int                      | erest in any of the following items?  |                                      | Current value of the portion you own?  Do not deduct secured claims or exemptions. |
| E           | xamples:<br>l No    | goods and furn<br>Major appliances<br>escribe            |  | china, kitchenware  |                                      |  |
|             |                     | Н  | ousehold Goo                             | ds and Furnishings  |                                      | \$510.00   |
| E           | l No                | Televisions and r  |  | eo, stereo, and digital equipment; computers, ledia players, games                          | orinters, scanners; music c          | ollections; electronic devices   |
|             |                     | E  | lectronics                               |   |                                      | \$2,180.00   |
| E           | xamples:            | , ,  | urines; paintings,<br>, memorabilia, col | prints, or other artwork; books, pictures, or oth<br>lectibles                              | er art objects; stamp, coin,         | or baseball card collections;  |
|             |                     | C  | ard Collection                           |   |                                      | \$500.00   |
|             | xamples:            | for sports and I<br>Sports, photogra<br>musical instrume | phic, exercise, an                       | d other hobby equipment; bicycles, pool table   | s, golf clubs, skis; canoes a        | and kayaks; carpentry tools;   |
|             |                     | 1,   | ackson Guitar                            |   |                                      | \$150.00   |
|             |                     | <u> </u>   | ackson Guildi                            |   |                                      | φ130.00  |
|             |                     | L  | es Pro Guitar                            |   |                                      | \$50.00  |

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|  | driane Christine Calcote<br>ameron Dwayne Hambrick   | Case number (if known)                     |   |  |
|--|--|--|---|--|
|  | Acoustic Guitar  |  | \$50.00   |  |
|  | Alesis Keyboard  |  | \$150.00  |  |
|  | Sawtooth Bass  |  | \$150.00  |  |
| 10. Firearms  Examples:  No  Yes. Des        | Pistols, rifles, shotguns, ammunition, and related equipment                               |  |   |  |
| 11. Clothes  Examples:  ☐ No  ☐ Yes. Des     | Everyday clothes, furs, leather coats, designer wear, shoes, a scribe                      | ccessories                                 |   |  |
|  | Clothing   |  | \$200.00  |  |
| 12. <b>Jewelry</b> Examples: ☐ No ■ Yes. Des | Everyday jewelry, costume jewelry, engagement rings, weddir                                | ng rings, heirloom jewelry, watches, gems, |   |  |
|  | Jewelry  |  | \$105.00  |  |
| 13. Non-farm a  Examples:  □ No ■ Yes. Des   | Dogs, cats, birds, horses  |  | \$10.00   |  |
| ■ No   | personal and household items you did not already list, inc                                 | luding any health aids you did not list    |   |  |
|  | dollar value of all of your entries from Part 3, including any                             |  | \$4,055.00  |  |
|  | pe Your Financial Assets<br>Ir have any legal or equitable interest in any of the followin | g?   | Current value of the portion you own? Do not deduct secured claims or exemptions. |  |
| □ No   | Money you have in your wallet, in your home, in a safe deposi                              |  | iion  |  |
|  |  | ····<br>Cash                               | \$15.00   |  |

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| Debtor 1<br>Debtor 2   | Adriane Christine C<br>Cameron Dwayne H                      |  |  | Case number (if known)                                     |
|------------------------|--|--|--|--|
| Examp                  |  |  | counts; certificates of deposit; shares in s with the same institution, list each.                                     | n credit unions, brokerage houses, and other similar       |
| □ No<br>■ Yes          |  |  | Institution name:  |  |
|                        | 17.1.  | Checking                                 | Cadence-8291   | \$108.00   |
|                        | 17.2.  | Checking                                 | Cadence-4363   | \$3.81   |
|                        | 17.3.  |  | PayPal   | \$0.00   |
|                        | 17.4.  |  | ApplePay   | \$0.00   |
|                        | , <b>mutual funds, or publi</b><br>oles: Bond funds, investm |  | rokerage firms, money market accounts  | s  |
| ■ No<br>□ Yes          |  | Institution or issue                     | r name:  |  |
| 19. Non-pu<br>joint ve |  | interests in incorp                      | porated and unincorporated busines   | ses, including an interest in an LLC, partnership, and     |
| ■ No<br>□ Yes.         | Give specific information                                    | about themme of entity:                  |  | % of ownership:  |
| Negotia                | nment and corporate bo<br>able instruments include           | nds and other neg<br>personal checks, ca | otiable and non-negotiable instrume<br>shiers' checks, promissory notes, and<br>ansfer to someone by signing or delive | ents<br>money orders.                                      |
| ☐ Yes. (               | Give specific information<br>Iss                             | about them uer name:                     |  |  |
|                        | nent or pension accoun<br>oles: Interests in IRA, ERI        |  | 403(b), thrift savings accounts, or othe   | r pension or profit-sharing plans                          |
| Yes. I                 | List each account separa<br>Type                             | tely.<br>of account:                     | Institution name:  |  |
|                        |  |  | 401(k)   | \$617.71   |
|                        |  |  | PERS   | Unknown  |
| Your sh                |  | ts you have made s                       | o that you may continue service or use   | e from a company<br>elecommunications companies, or others |
| ■ No □ Yes             |  |  | Institution name or individual:  |  |
| _                      | ies (A contract for a perio                                  | dic payment of mor                       | ney to you, either for life or for a numbe   | r of years)  |
| □ No<br>■ Yes          | lssuer nam   | ne and description.                      |  |  |
|                        | NEAP   |  |  | \$640.24   |

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| Debto<br>Debto   |   | Adriane Christine Calcote<br>Cameron Dwayne Hambrid  | k  | C                     | ase number (if known)       |   |
|------------------|---|--|--|-----------------------|-----------------------------|---|
|                  |   | n an education IRA, in an acc<br>§§ 530(b)(1), 529A(b), and 529  | ount in a qualified ABLE program<br>(b)(1).                            | m, or under a qual    | ified state tuition program | ı <b>.</b>  |
|                  | No  | Land the Contract of the Contr | d december of the Comment of the Observation                           |                       | (- 44 II 0 0 C 504(-)       |   |
| Ц                | Yes   | Institution name an  | d description. Separately file the re                                  | cords of any interes  | sts.11 U.S.C. § 521(c):     |   |
| _                | r <b>usts, eq</b><br>No   | uitable or future interests in   | property (other than anything lis                                      | ted in line 1), and   | rights or powers exercisa   | ble for your benefit  |
|                  | Yes. Giv  | ve specific information about th   | em   |                       |                             |   |
| E                | xamples   |  | secrets, and other intellectual p ites, proceeds from royalties and li |                       | s                           |   |
| _                | No<br>Yes. Giv  | ve specific information about th   | em   |                       |                             |   |
| _E               | xamples   | franchises, and other general Building permits, exclusive lice   | al intangibles<br>enses, cooperative association hol                   | dings, liquor license | es, professional licenses   |   |
|                  | No<br>Yes. Giv  | ve specific information about th   | em   |                       |                             |   |
| Mone             | y or pro  | perty owed to you?   |  |                       |                             | Current value of the portion you own? Do not deduct secured claims or exemptions. |
|                  | No  | ds owed to you re specific information about the   | em, including whether you already                                      | filed the returns and | d the tax years             |   |
|                  |   |  | Federal Tax Refund   |                       |                             | \$10,000.00   |
|                  |   |  | State Tax Refund   |                       |                             | \$10,000.00   |
|                  |   |  | EIC  |                       |                             | \$10,000.00   |
| 30. <b>O</b> 6 E | No Yes. Giv  ther amc  xamples  No Yes. Giv  terests i  xamples | Past due or lump sum alimon re specific information  Pounts someone owes you The Unpaid wages, disability insubenefits; unpaid loans you move specific information  In insurance policies The Health, disability, or life insurance  | ance; health savings account (HSA                                      | sick pay, vacation    | pay, workers' compensatio   |   |
| П                | Yes. Na   | me the insurance company of e<br>Company n   |  | Beneficiary           | <i>y</i> :                  | Surrender or refund value:  |

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| Debtor 1<br>Debtor 2 | Adriane Christine Calcote<br>Cameron Dwayne Hambrick  | Case number (if known)                   |                       |
|----------------------|---|--|-----------------------|
| If you some          | terest in property that is due you from someone who has died are the beneficiary of a living trust, expect proceeds from a life insurance one has died. | policy, or are currently entitled to rec | eive property because |
| ■ No<br>□ Yes.       | Give specific information   |  |                       |
|                      | s against third parties, whether or not you have filed a lawsuit or mac<br>ples: Accidents, employment disputes, insurance claims, or rights to sue     | de a demand for payment                  |                       |
| _                    | Describe each claim   |  |                       |
| ■ No                 | contingent and unliquidated claims of every nature, including count   | erclaims of the debtor and rights to     | o set off claims      |
|                      | Describe each claim   |  |                       |
| ■ No                 | nancial assets you did not already list  Give specific information  |  |                       |
|                      | the dollar value of all of your entries from Part 4, including any entricant 4. Write that number here  |  | \$31,384.76           |
| Part 5: De           | escribe Any Business-Related Property You Own or Have an Interest In. List ar   | ny real estate in Part 1.                |                       |
| 37. <b>Do you</b>    | own or have any legal or equitable interest in any business-related property?   |  |                       |
| _                    | o to Part 6.  |  |                       |
| ☐ Yes. (             | Go to line 38.  |  |                       |
|                      | escribe Any Farm- and Commercial Fishing-Related Property You Own or Have you own or have an interest in farmland, list it in Part 1.                   | an Interest In.                          |                       |
|                      | u own or have any legal or equitable interest in any farm- or commer<br>Go to Part 7.   | cial fishing-related property?           |                       |
| ☐ Yes                | s. Go to line 47.   |  |                       |
| Part 7:              | Describe All Property You Own or Have an Interest in That You Did Not List  | Above                                    |                       |
|                      | u have other property of any kind you did not already list?  ples: Season tickets, country club membership  |  |                       |
| ■ No                 |   |  |                       |
| ⊔ Yes.               | Give specific information   |  |                       |
| 54. <b>Add</b>       | the dollar value of all of your entries from Part 7. Write that number h  | nere                                     | \$0.00                |

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| Debtor 1<br>Debtor 2 |  |   |             | Case number (if known)       |             |
|----------------------|--|---|-------------|------------------------------|-------------|
| Part 8:              | List the Totals of Each Part of this Form                  |   |             |                              |             |
| 55. <b>Pa</b> i      | rt 1: Total real estate, line 2                            |   |             |                              | \$0.00      |
| 56. <b>Pa</b> i      | rt 2: Total vehicles, line 5                               |   | \$27,156.00 |                              |             |
| 57. <b>Pa</b> i      | rt 3: Total personal and household items, line 15          |   | \$4,055.00  |                              |             |
| 58. <b>Pa</b> i      | rt 4: Total financial assets, line 36                      |   | \$31,384.76 |                              |             |
| 59. <b>Pa</b> i      | rt 5: Total business-related property, line 45             |   | \$0.00      |                              |             |
| 60. <b>Pa</b> i      | rt 6: Total farm- and fishing-related property, line 52    |   | \$0.00      |                              |             |
| 61. <b>Pa</b> i      | rt 7: Total other property not listed, line 54             | + | \$0.00      |                              |             |
| 62. <b>To</b> t      | tal personal property. Add lines 56 through 61             | _ | \$62,595.76 | Copy personal property total | \$62,595.76 |
| 63. <b>To</b> t      | tal of all property on Schedule A/B. Add line 55 + line 62 |   |             |                              | \$62,595.76 |

| Fill in this infor  | mation to identify your  | case:             |                |                       |
|---------------------|--------------------------|-------------------|----------------|-----------------------|
| Debtor 1            | Adriane Christine        | Calcote           |                |                       |
|                     | First Name               | Middle Name       | Last Name      |                       |
| Debtor 2            | Cameron Dwayne           | e Hambrick        |                |                       |
| (Spouse if, filing) | First Name               | Middle Name       | Last Name      |                       |
| United States Ba    | ankruptcy Court for the: | SOUTHERN DISTRICT | OF MISSISSIPPI |                       |
| Case number _       |                          |                   |                | ☐ Check if this is an |
|                     |                          |                   |                | amended filing        |

#### Official Form 106C

# Schedule C: The Property You Claim as Exempt

4/25

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

#### Part 1: Identify the Property You Claim as Exempt

- 1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.
  - You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
  - ☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)
- 2. For any property you list on Schedule A/B that you claim as exempt, fill in the information below.

| For any property you list on <i>Schedule A/B</i> that you claim as exempt, fill in the information below. |                                      |   |           |  |  |  |  |
|---|--------------------------------------|---|-----------|--|--|--|--|
| Brief description of the property and line on<br>Schedule A/B that lists this property                    | Current value of the portion you own | Amount of the exemption you claim Specific laws that allow        | exemption |  |  |  |  |
|   | Copy the value from<br>Schedule A/B  | Check only one box for each exemption.                            |           |  |  |  |  |
| 2000 Lincoln LS 98000 miles<br>Line from Schedule A/B: 3.1  | \$2,025.00                           | \$2,025.00 Miss. Code Ann. §                                      | 85-3-1(a) |  |  |  |  |
| Ellie IIOIII Schedule AVD. 9.1  |                                      | ☐ 100% of fair market value, up to any applicable statutory limit |           |  |  |  |  |
| 2020 Ford Mustang 57432 miles Line from Schedule A/B: 3.2   | \$24,131.00                          | \$0.00 Miss. Code Ann. §  | 85-3-1(a) |  |  |  |  |
| Line Irom Schedule AVD. 3.2   |                                      | ☐ 100% of fair market value, up to any applicable statutory limit |           |  |  |  |  |
| Household Goods and Furnishings Line from Schedule A/B: 6.1   | \$510.00                             | \$510.00 Miss. Code Ann. §  | 85-3-1(a) |  |  |  |  |
| Ellie II olii ochedale PVB. G.1   |                                      | ☐ 100% of fair market value, up to any applicable statutory limit |           |  |  |  |  |
| Electronics Line from Schedule A/B: 7.1   | \$2,180.00                           | \$2,180.00 Miss. Code Ann. §                                      | 85-3-1(a) |  |  |  |  |
| Life from Schedule AVB. 7.1   |                                      | ☐ 100% of fair market value, up to any applicable statutory limit |           |  |  |  |  |
| Jackson Guitar  | \$150.00                             | \$150.00 Miss. Code Ann. §  | 85-3-1(a) |  |  |  |  |
| Line Irom Schedule A/B. 3.1   |                                      | 100% of fair market value, up to any applicable statutory limit   |           |  |  |  |  |

**Adriane Christine Calcote** Debtor 1 **Cameron Dwayne Hambrick** Debtor 2 Case number (if known) Brief description of the property and line on Current value of the Amount of the exemption you claim Specific laws that allow exemption Schedule A/B that lists this property portion you own Copy the value from Check only one box for each exemption. Schedule A/B Les Pro Guitar Miss. Code Ann. § 85-3-1(a) \$50.00 \$50.00 Line from Schedule A/B: 9.2 П 100% of fair market value, up to any applicable statutory limit **Acoustic Guitar** Miss. Code Ann. § 85-3-1(a) \$50.00 \$50.00 Line from Schedule A/B: 9.3 100% of fair market value, up to any applicable statutory limit **Alesis Keyboard** Miss. Code Ann. § 85-3-1(a) \$150.00 \$150.00 Line from Schedule A/B: 9.4 100% of fair market value, up to any applicable statutory limit Sawtooth Bass Miss. Code Ann. § 85-3-1(a) \$150.00 \$150.00 Line from Schedule A/B: 9.5 100% of fair market value, up to any applicable statutory limit Clothing Miss. Code Ann. § 85-3-1(a) \$200.00 \$200.00 Line from Schedule A/B: 11.1 100% of fair market value, up to any applicable statutory limit Jewelry Miss. Code Ann. § 85-3-1(a) \$105.00 \$105.00 Line from Schedule A/B: 12.1 100% of fair market value, up to any applicable statutory limit **Fish** Miss. Code Ann. § 85-3-1(a) \$10.00 \$10.00 Line from Schedule A/B: 13.1 100% of fair market value, up to any applicable statutory limit Cash Miss. Code Ann. § 85-3-1(a) \$15.00 \$15.00 Line from Schedule A/B: 16.1 100% of fair market value, up to any applicable statutory limit 401(k) Miss. Code Ann. § 85-3-1(e) \$617.71 Line from Schedule A/B: 21.1 100% of fair market value, up to any applicable statutory limit **PERS** Miss. Code Ann. § 85-3-1(e) Unknown Line from Schedule A/B: 21.2 100% of fair market value, up to any applicable statutory limit

**Federal Tax Refund** 

Line from Schedule A/B: 28.1

\$10,000.00

Miss. Code Ann. § 85-3-1(j)

\$10,000,00

100% of fair market value, up to any applicable statutory limit

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| Debtor 1<br>Debtor 2 | Adriane Christine Calcote Cameron Dwayne Hambrick                                   |                                      |         | Case number (if known)  | n)                                 |  |  |
|----------------------|---|--------------------------------------|---------|---|------------------------------------|--|--|
|                      | description of the property and line on edule A/B that lists this property          | Current value of the portion you own | Amo     | ount of the exemption you claim                                 | Specific laws that allow exemption |  |  |
|                      |   | Copy the value from<br>Schedule A/B  | Che     | ck only one box for each exemption.                             |                                    |  |  |
|                      | te Tax Refund<br>from Schedule A/B: 28.2  | \$10,000.00                          |         | \$10,000.00   | Miss. Code Ann. § 85-3-1(k)        |  |  |
| Line                 | from Scriedule A/B: 20.2  |                                      |         | 100% of fair market value, up to any applicable statutory limit |                                    |  |  |
| EIC                  | from Schedule A/B: 28.3   | \$10,000.00                          |         | \$10,000.00   | Miss. Code Ann. § 85-3-1(i)        |  |  |
| Lille                | Hom Schedule PAB. 20.3  |                                      |         | 100% of fair market value, up to any applicable statutory limit |                                    |  |  |
|                      | you claiming a homestead exemption<br>ject to adjustment on 4/01/28 and every<br>No |                                      |         | led on or after the date of adjustmer                           | nt.)                               |  |  |
| _                    | Yes. Did you acquire the property cover   | red by the exemption wi              | ithin 1 | 215 days before you filed this case                             | ?                                  |  |  |
|                      | □ No  |                                      |         |   |                                    |  |  |
|                      | ☐ Yes   |                                      |         |   |                                    |  |  |

| Fill in this information             | on to identify you                          | ur case:   |                        |  |               |
|--------------------------------------|---|--|------------------------|--|---------------|
| Debtor 1                             | Adriane Christi                             | ne Calcote   |                        |  |               |
|                                      | rirst Name                                  | Middle Name Last Name  |                        | -  |               |
| Debtor 2                             | Cameron Dway                                | ne Hambrick  |                        |  |               |
|                                      | irst Name                                   | Middle Name Last Name  |                        | -  |               |
| United States Bankru                 | ptcy Court for the                          | SOUTHERN DISTRICT OF MISSISSIPPI   |                        | _  |               |
| Case number                          |   |  |                        |  |               |
| (if known)                           |   |  |                        | ☐ Check                                      | if this is an |
|                                      |   |  |                        | amend  | ded filing    |
| Official Form 1                      | 06D   |  |                        |  |               |
|                                      |   | Who Hove Claims Socured  | l by Droport           | .,   | 40/45         |
| Schedule D.                          | Creditors                                   | Who Have Claims Secured  | by Propert             | <u>y                                    </u> | 12/15         |
|                                      |   | If two married people are filing together, both are equout, number the entries, and attach it to this form. Or         |                        |  |               |
| Do any creditors have                | e claims secured b                          | v vour property?   |                        |  |               |
|                                      |   | this form to the court with your other schedules. Yo   | nu have nothing else t | to report on this form                       |               |
| <u> </u>                             | of the information                          | •  | ou have nothing else   | to report on this form.                      |               |
|                                      |   | below.   |                        |  |               |
| Part 1: List All Se                  | ecured Claims                               |  | Column A               | Column B                                     | Column C      |
|                                      |   | more than one secured claim, list the creditor separately s a particular claim, list the other creditors in Part 2. As | Amount of claim        | Value of collateral                          | Unsecured     |
|                                      |   | ical order according to the creditor's name.   | Do not deduct the      | that supports this                           | portion       |
| O. d. Codonno a Dom                  |   | Describe the manual that account the eleium  | value of collateral.   | claim  | If any        |
| 2.1 Cadence Bar                      | ık  | Describe the property that secures the claim:  | \$29,924.00            | \$24,131.00                                  | \$5,793.00    |
| Attn: Bankru                         | ntev  | 2020 Ford Mustang 57432 miles  |                        |  |               |
| 800 Post Oak                         |   |  |                        |  |               |
| Ste 3800                             | 2.70  | As of the date you file, the claim is: Check all that  |                        |  |               |
| Houston, TX                          | 77056                                       | apply.  Contingent   |                        |  |               |
| Number, Street, City                 | . State & Zip Code                          | ☐ Unliquidated   |                        |  |               |
|                                      | ,   | ☐ Disputed   |                        |  |               |
| Who owes the debt?                   | Check one.                                  | Nature of lien. Check all that apply.  |                        |  |               |
| Debtor 1 only                        |   | ☐ An agreement you made (such as mortgage or sec   | ured                   |  |               |
| ■ Debtor 2 only                      |   | car loan)  |                        |  |               |
| ☐ Debtor 1 and Debtor                | 2 only                                      | ☐ Statutory lien (such as tax lien, mechanic's lien)   |                        |  |               |
| ☐ At least one of the de             |   | ☐ Judgment lien from a lawsuit   |                        |  |               |
| ☐ Check if this claim community debt | relates to a                                | Other (including a right to offset)  |                        |  |               |
| Date debt was incurred               | Opened<br>8/21/23<br>Last Active<br>2/21/25 | Last 4 digits of account number 5428   |                        |  |               |
| Add the dollar value                 | of your entries in C                        | Column A on this page. Write that number here:   | \$29,92                | 24.00  |               |
|                                      | =   | the dollar value totals from all pages.  |                        |  |               |
| Write that number he                 |   | . 5  | \$29,92                | 24.00  |               |

#### Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

| Fill in this inform   | mation to identify your c   | ase:   |   |
|---|---|--|---|
| Debtor 1  | Adriane Christine   | Calcote  |   |
|   | First Name  | Middle Name Last Name  |   |
| Debtor 2  | Cameron Dwayne  |  |   |
| (Spouse if, filing)   | First Name  | Middle Name Last Name  |   |
| United States Ba  | ankruptcy Court for the:  | SOUTHERN DISTRICT OF MISSISSIPPI   |   |
| Case number _<br>(if known)   |   |  | Check if this is an   |
|   |   | _  | amended filing  |
| Official Forr<br><b>Schedule E</b>  |   | no Have Unsecured Claims   | 12/15   |
| any executory con<br>Schedule G: Execu<br>Schedule D: Credit<br>left. Attach the Cor<br>name and case nui | tracts or unexpired leases to<br>utory Contracts and Unexpired<br>tors Who Have Claims Secuntinuation Page to this page<br>mber (if known). | Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims and Part 2 for creditors with NONPRIORITY claims to could result in a claim. Also list executory contracts on Schedule A/B: Property (Officed Leases (Official Form 106G). Do not include any creditors with partially secured claim red by Property. If more space is needed, copy the Part you need, fill it out, number the e. If you have no information to report in a Part, do not file that Part. On the top of any additional security. | cial Form 106A/B) and on<br>is that are listed in<br>ntries in the boxes on the |
|   | All of Your PRIORITY Uns  |  |   |
|   | ors have priority unsecured   | ciaims against you?  |   |
| No. Go to F   | Part 2.   |  |   |
| ☐ Yes.  |   |  |   |
| Part 2: List A  | II of Your NONPRIORITY  | Unsecured Claims   |   |
| 3. Do any credite   | ors have nonpriority unsect   | ıred claims against you?   |   |
| ☐ No. You ha  | ave nothing to report in this pa  | rt. Submit this form to the court with your other schedules.   |   |
| Yes.  | 3   | •  |   |
| unsecured clai  | im, list the creditor separately  | ims in the alphabetical order of the creditor who holds each claim. If a creditor has more the for each claim. For each claim listed, identify what type of claim it is. Do not list claims already in the other creditors in Part 3.If you have more than three nonpriority unsecured claims fill out the   | ncluded in Part 1. If more  |
|   |   |  | Total claim   |
| 4.1 Advance   | ce Recovery   | Last 4 digits of account number  | \$2,953.26  |
| Nonpriorit Po Box   | ty Creditor's Name<br>( <b>919</b>  | When was the debt incurred?  |   |
|   | on, MS 39207<br>Street City State Zip Code  | As of the date you file, the claim is: Check all that apply  |   |
| Who incu  | rred the debt? Check one.   | ,  |   |
| ☐ Debtor  | r 1 only  | ☐ Contingent   |   |
| ☐ Debtor  | r 2 only  | ☐ Unliquidated   |   |
| Debto   | r 1 and Debtor 2 only   | ☐ Disputed   |   |
| ☐ At leas   | st one of the debtors and ano   | her Type of NONPRIORITY unsecured claim:   |   |
| ☐ Check   | k if this claim is for a comm   |  |   |
| debt<br>Is the cla  | im subject to offset?   | $\hfill\Box$<br>Obligations arising out of a separation agreement or divorce that you did not report as priority claims  |   |
| ■ No  |   | $\square$ Debts to pension or profit-sharing plans, and other similar debts  |   |
| ☐ Yes   |   | Other. Specify   |   |

|     | r 1 Adriane Christine Calcote r 2 Cameron Dwayne Hambrick  |  | Case number (if known)                                 |                |  |  |
|-----|--|--|--|----------------|--|--|
| 4.2 | Affirm, Inc.   | Last 4 digits of account number  |  | \$63.22        |  |  |
| 4.2 | Nonpriority Creditor's Name Attn: Bankruptcy 650 California St FI 12   | When was the debt incurred?  |  | <b>Ф</b> 03.22 |  |  |
|     | San Francisco, CA 94108  Number Street City State Zip Code  Who incurred the debt? Check one.                        | As of the date you file, the claim   | is: Check all that apply                               |                |  |  |
|     | ☐ Debtor 1 only ☐ Debtor 2 only  | ☐ Contingent☐ Unliquidated   |  |                |  |  |
|     | ■ Debtor 1 and Debtor 2 only □ At least one of the debtors and another □ Check if this claim is for a community debt | ☐ Disputed  Type of NONPRIORITY unsecure ☐ Student loans ☐ Obligations arising out of a sepa | d claim: aration agreement or divorce that you did not |                |  |  |
|     | Is the claim subject to offset?  ■ No  | report as priority claims  Debts to pension or profit-sharir                                 | ng plans, and other similar debts                      |                |  |  |
|     | Yes  | Other. Specify   |  |                |  |  |
| 4.3 | Cadence Bk   | Last 4 digits of account number  | 3611   | \$2,014.00     |  |  |
|     | Nonpriority Creditor's Name Pob 3370 Tupelo, MS 38803  | When was the debt incurred?  | Opened 8/11/23 Last Active 03/25                       |                |  |  |
|     | Number Street City State Zip Code Who incurred the debt? Check one.  | As of the date you file, the claim   | is: Check all that apply                               |                |  |  |
|     | ☐ Debtor 1 only ☐ Contingent ☐ Debtor 2 only ☐ Unliquidated  |  |  |                |  |  |
|     |  |  |  |                |  |  |
|     | Debtor 1 and Debtor 2 only   | ☐ Disputed   |  |                |  |  |
|     | ☐ At least one of the debtors and another☐ Check if this claim is for a community                                    | Type of NONPRIORITY unsecure  ☐ Student loans  |  |                |  |  |
|     | debt<br>Is the claim subject to offset?  | ☐ Obligations arising out of a separeport as priority claims                                 |  |                |  |  |
|     | ■ No   | $\square$ Debts to pension or profit-sharing plans, and other similar debts                  |  |                |  |  |
|     | Yes  | Other. Specify Credit Card   | 1  |                |  |  |
| 4.4 | Capital One Nonpriority Creditor's Name  | Last 4 digits of account number  | 2967   | \$322.00       |  |  |
|     | Attn: Bankruptcy Po Box 30285 Salt Lake City, UT 84130   | When was the debt incurred?  | Opened 10/24 Last Active 03/25                         |                |  |  |
|     | Number Street City State Zip Code Who incurred the debt? Check one.  | As of the date you file, the claim   | is: Check all that apply                               |                |  |  |
|     | ■ Debtor 1 only  | ☐ Contingent   |  |                |  |  |
|     | Debtor 2 only  | ☐ Unliquidated ☐ Disputed  |  |                |  |  |
|     | ☐ Debtor 1 and Debtor 2 only   |  |  |                |  |  |
|     | ☐ At least one of the debtors and another  | Type of NONPRIORITY unsecured claim:   |  |                |  |  |
|     | ☐ Check if this claim is for a community debt Is the claim subject to offset?  | ☐ Student loans ☐ Obligations arising out of a separe report as priority claims              | aration agreement or divorce that you did not          |                |  |  |
|     | ■ No   | _ · · · · · · · · · · · · · · · · · · ·  |  |                |  |  |
|     |  | , ,  | •  |                |  |  |
|     | Yes  | Other. Specify Credit Card   | J .  |                |  |  |

|     | Cameron Dwayne Hambrick   |   | Case number (if known)  |                  |  |  |  |  |
|-----|---|---|---|------------------|--|--|--|--|
| 4.5 | Credit One Bank Nonpriority Creditor's Name                                   | Last 4 digits of account number                                     | 6740  | \$542.00         |  |  |  |  |
|     | 6801 Cimarron Rd<br>Las Vegas, NV 89113                                       | When was the debt incurred?   | Opened 12/23 Last Active 03/25  |                  |  |  |  |  |
|     | Number Street City State Zip Code Who incurred the debt? Check one.           | As of the date you file, the claim                                  | is: Check all that apply  |                  |  |  |  |  |
|     | ■ Debtor 1 only   | ☐ Contingent  | ☐ Contingent  |                  |  |  |  |  |
|     | ☐ Debtor 2 only   | ☐ Unliquidated  |   |                  |  |  |  |  |
|     | ☐ Debtor 1 and Debtor 2 only  | ☐ Disputed  |   |                  |  |  |  |  |
|     | $\square$ At least one of the debtors and another                             | Type of NONPRIORITY unsecure  | d claim:  |                  |  |  |  |  |
|     | ☐ Check if this claim is for a community                                      | ☐ Student loans   |   |                  |  |  |  |  |
|     | debt Is the claim subject to offset?  | Obligations arising out of a separeport as priority claims          | aration agreement or divorce that you did not   |                  |  |  |  |  |
|     | ■ No  | Debts to pension or profit-sharing                                  | ng plans, and other similar debts   |                  |  |  |  |  |
|     | Yes   | Other. Specify Credit Card  |   |                  |  |  |  |  |
| 4.6 | Discover Financial Nonpriority Creditor's Name                                | Last 4 digits of account number                                     | 2288  | \$1,004.00       |  |  |  |  |
|     | Attn: Bankruptcy Po Box 3025 When was the debt incurre                        |   | Opened 07/23 Last Active 03/25  |                  |  |  |  |  |
|     | New Albany, OH 43054  Number Street City State Zip Code  As of the date you f |   | is: Check all that apply  |                  |  |  |  |  |
|     | Who incurred the debt? Check one.   | As of the date you file, the claim                                  | is. Check all that apply  |                  |  |  |  |  |
|     | Debtor 1 only   | ☐ Contingent  |   |                  |  |  |  |  |
|     | Debtor 2 only   | ☐ Unliquidated  |   |                  |  |  |  |  |
|     | ☐ Debtor 1 and Debtor 2 only  | ☐ Disputed  Type of NONPRIORITY unsecured claim:  ☐ Student loans   |   |                  |  |  |  |  |
|     | $\square$ At least one of the debtors and another                             |   |   |                  |  |  |  |  |
|     | ☐ Check if this claim is for a community                                      |   |   |                  |  |  |  |  |
|     | debt Is the claim subject to offset?  |   | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims |                  |  |  |  |  |
|     | No  | □ Debts to pension or profit-sharing plans, and other similar debts |   |                  |  |  |  |  |
|     | Yes   | Other. Specify Credit Card  |   |                  |  |  |  |  |
|     | E IE' I I O I   |   | 0005  | <b>AF 504 00</b> |  |  |  |  |
| 4.7 | EdFinancial Services Nonpriority Creditor's Name                              | Last 4 digits of account number                                     |   | \$5,591.00       |  |  |  |  |
|     | Attn: Claims<br>Po Box 36008  | When was the debt incurred?   | Opened 08/23 Last Active 2/28/25  |                  |  |  |  |  |
|     | Number Street City State Zip Code  Who incurred the debt? Check one.          | As of the date you file, the claim                                  | is: Check all that apply  |                  |  |  |  |  |
|     | ■ Debtor 1 only   | ☐ Contingent  |   |                  |  |  |  |  |
|     | Debtor 2 only   | ☐ Unliquidated  |   |                  |  |  |  |  |
|     | ☐ Debtor 1 and Debtor 2 only  | ☐ Disputed  |   |                  |  |  |  |  |
|     | ☐ At least one of the debtors and another                                     | Type of NONPRIORITY unsecure  |   |                  |  |  |  |  |
|     | ☐ Check if this claim is for a community                                      | Student loans   |   |                  |  |  |  |  |
|     | debt Is the claim subject to offset?  | Obligations arising out of a separeport as priority claims          | a separation agreement or divorce that you did not  |                  |  |  |  |  |
|     | No  | Debts to pension or profit-sharir                                   | o plans, and other similar debts  |                  |  |  |  |  |
|     | Yes   | ☐ Other. Specify  | 51  |                  |  |  |  |  |
|     | 03  | Educationa  | al  |                  |  |  |  |  |

|     | Debtor 2 Cameron Dwayne Hambrick Case number (if known)   |   |   |                          |                 |
|-----|---|---|---|--------------------------|-----------------|
| 4.8 | EdFinancial Services  | Last 4 digits of account number   | 0825  |                          | \$2,142.00      |
|     | Nonpriority Creditor's Name Attn: Claims Po Box 36008 Knoxville, TN 37930 Number Street City State Zip Code | When was the debt incurred?  As of the date you file, the claim i             | Opened 08/23<br>2/28/25<br>s: Check all that appl |                          |                 |
|     | Who incurred the debt? Check one.  Debtor 1 only  | ☐ Contingent  |   |                          |                 |
|     | ☐ Debtor 2 only   | ☐ Unliquidated  |   |                          |                 |
|     | Debtor 1 and Debtor 2 only  | Disputed  |   |                          |                 |
|     | At least one of the debtors and another   | Type of NONPRIORITY unsecured   | l claim:  |                          |                 |
|     | ☐ Check if this claim is for a community  | Student loans   |   |                          |                 |
|     | debt Is the claim subject to offset?  | ☐ Obligations arising out of a separeport as priority claims                  | ration agreement or d                             | livorce that you did not |                 |
|     | ■ No  | Debts to pension or profit-sharing  | g plans, and other sin                            | nilar debts              |                 |
|     | ☐ Yes   | Other. Specify  |   |                          |                 |
|     |   | Educationa  |   |                          |                 |
|     | Foot Page   | Last 4 digital of account growther  |   |                          | <b>\$450.00</b> |
| 4.9 | Fast Pace Nonpriority Creditor's Name PO Box 306415   | Last 4 digits of account number  When was the debt incurred?                  |   |                          | \$150.00        |
|     | Nashville, TN 37230  Number Street City State Zip Code  Who incurred the debt? Check one.                   | As of the date you file, the claim i  | s: Check all that apply                           | у                        |                 |
|     | Debtor 1 only   |   |   |                          |                 |
|     | ☐ Debtor 2 only   |   |   |                          |                 |
|     | ■ Debtor 1 and Debtor 2 only  | ☐ Unliquidated☐ Disputed  |   |                          |                 |
|     | ☐ At least one of the debtors and another   | Type of NONPRIORITY unsecured   | l claim:  |                          |                 |
|     | ☐ Check if this claim is for a community debt   | ☐ Student loans ☐ Obligations arising out of a sepa                           | ration agreement or d                             | livorce that you did not |                 |
|     | Is the claim subject to offset?   | report as priority claims   |   |                          |                 |
|     | ■ No  | Debts to pension or profit-sharing  | g plans, and other sin                            | nilar debts              |                 |
|     | Yes   | Other. Specify  |   |                          |                 |
| 4.1 | Fast Pace Nonpriority Creditor's Name   | Last 4 digits of account number   |   | -                        | \$150.00        |
|     | PO Box 306415<br>Nashville, TN 37230  | When was the debt incurred?   |   |                          |                 |
|     | Number Street City State Zip Code  Who incurred the debt? Check one.  | As of the date you file, the claim i  | s: Check all that appl                            | у                        |                 |
|     | Debtor 1 only   | -   |   |                          |                 |
|     |   | Contingent  |   |                          |                 |
|     | Debtor 2 only   | ☐ Unliquidated  |   |                          |                 |
|     | Debtor 1 and Debtor 2 only  | Disputed  |   |                          |                 |
|     | At least one of the debtors and another   | Type of NONPRIORITY unsecured   |   |                          |                 |
|     | ☐ Check if this claim is for a community debt Is the claim subject to offset?                               | ☐ Student loans ☐ Obligations arising out of a sepa report as priority claims | ration agreement or d                             | livorce that you did not |                 |
|     | ■ No  | ☐ Debts to pension or profit-sharin   | g plans, and other sin                            | nilar debts              |                 |
|     | Yes   | Other. Specify  | ·<br>   |                          |                 |

|     | 1 Adriane Christine Calcote<br>2 Cameron Dwayne Hambrick                       |  | Case number (if known)                                      |            |  |  |  |
|-----|--|--|---|------------|--|--|--|
| 4.1 | Jpmcb  | Last 4 digits of account number  | 1231  | \$676.00   |  |  |  |
|     | Nonpriority Creditor's Name MailCode LA4-7100 700 Kansas Lane Monroe, LA 71203 | When was the debt incurred?  | Opened 12/23 Last Active 03/25                              |            |  |  |  |
|     | Number Street City State Zip Code  Who incurred the debt? Check one.           | As of the date you file, the claim i   | As of the date you file, the claim is: Check all that apply |            |  |  |  |
|     | Debtor 1 only  | ☐ Contingent   |   |            |  |  |  |
|     | ■ Debtor 2 only  | ☐ Unliquidated   |   |            |  |  |  |
|     | ☐ Debtor 1 and Debtor 2 only   | ☐ Disputed   |   |            |  |  |  |
|     | ☐ At least one of the debtors and another                                      | Type of NONPRIORITY unsecured  | d claim:  |            |  |  |  |
|     | ☐ Check if this claim is for a community debt                                  | Student loans  | ration agreement or divorce that you did not                |            |  |  |  |
|     | Is the claim subject to offset?  | report as priority claims  |   |            |  |  |  |
|     | No   | Debts to pension or profit-sharing   | g plans, and other similar debts                            |            |  |  |  |
|     | Yes  | Other. Specify Credit Card   | <u> </u>  |            |  |  |  |
| 4.1 | Mission Lane LLC   | Last 4 digits of account number  | 7236  | \$1,038.00 |  |  |  |
|     | Nonpriority Creditor's Name Attn: Bankruptcy P.O. Box 105286 Atlanta, GA 30348 | When was the debt incurred?  | Opened 08/23 Last Active 03/25                              |            |  |  |  |
|     | Number Street City State Zip Code  | As of the date you file, the claim i   | s: Check all that apply                                     |            |  |  |  |
|     | Who incurred the debt? Check one.  |  |   |            |  |  |  |
|     | Debtor 1 only  | ☐ Contingent   |   |            |  |  |  |
|     | ☐ Debtor 2 only  | ☐ Unliquidated   |   |            |  |  |  |
|     | ☐ Debtor 1 and Debtor 2 only   | Disputed   |   |            |  |  |  |
|     | ☐ At least one of the debtors and another                                      | Type of NONPRIORITY unsecured  |   |            |  |  |  |
|     | ☐ Check if this claim is for a community                                       | ☐ Student loans  |   |            |  |  |  |
|     | debt Is the claim subject to offset?   | Obligations arising out of a separeport as priority claims                                       |   |            |  |  |  |
|     | ■ No   | Debts to pension or profit-sharing   | haring plans, and other similar debts                       |            |  |  |  |
|     | Yes  | Other. Specify Credit Card   | <u> </u>  |            |  |  |  |
| 4.1 | Self Financial   | Last 4 digits of account number  | 5526  | \$183.00   |  |  |  |
|     | Nonpriority Creditor's Name  | _  |   |            |  |  |  |
|     | 901 E. 6th Street<br>Austin, TX 78702  | When was the debt incurred?  | Opened 12/21 Last Active 03/25                              |            |  |  |  |
|     | Number Street City State Zip Code Who incurred the debt? Check one.            | As of the date you file, the claim i   | s: Check all that apply                                     |            |  |  |  |
|     | Debtor 1 only  | ☐ Contingent   |   |            |  |  |  |
|     | ☐ Debtor 2 only  | ☐ Unliquidated   |   |            |  |  |  |
|     | ☐ Debtor 1 and Debtor 2 only   | Disputed   |   |            |  |  |  |
|     | ☐ At least one of the debtors and another                                      | Type of NONPRIORITY unsecured  | d claim:  |            |  |  |  |
|     | ☐ Check if this claim is for a community debt                                  | y Student loans  □ Obligations arising out of a separation agreement or divorce that you did not |   |            |  |  |  |
|     | Is the claim subject to offset?  | report as priority claims  |   |            |  |  |  |
|     | ■ No   | Debts to pension or profit-sharing   | g plans, and other similar debts                            |            |  |  |  |
|     | ☐ Yes  | Other. Specify   |   |            |  |  |  |

|          | 1 Adriane Christine Calcote<br>2 Cameron Dwayne Hambrick                      | Case number (if known)  |  |            |  |  |  |
|----------|---|---|--|------------|--|--|--|
| 4.1      | Synchrony Bank  | Last 4 digits of account number   | 5671   | \$1,900.00 |  |  |  |
|          | Nonpriority Creditor's Name Attn: Bankruptcy Po Box 965060 Orlando, FL 32896  | When was the debt incurred?   | Opened 09/22 Last Active 03/25               |            |  |  |  |
|          | Number Street City State Zip Code Who incurred the debt? Check one.           | As of the date you file, the claim  | s: Check all that apply                      |            |  |  |  |
|          | □ Debtor 1 only □ Debtor 2 only □ Debtor 2 only                               | ☐ Contingent ☐ Unliquidated   |  |            |  |  |  |
|          | ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another        | ☐ Disputed  Type of NONPRIORITY unsecured  ☐ Student loans                    | d claim:                                     |            |  |  |  |
|          | ☐ Check if this claim is for a community debt Is the claim subject to offset? |   | ration agreement or divorce that you did not |            |  |  |  |
|          | ■ No  | Debts to pension or profit-sharing  | g plans, and other similar debts             |            |  |  |  |
|          | Yes   | Other. Specify Charge Acc   | count  |            |  |  |  |
| 4.1<br>5 | Synchrony Bank Nonpriority Creditor's Name                                    | Last 4 digits of account number   | 4975   | \$1,306.00 |  |  |  |
|          | Attn: Bankruptcy Po Box 965060 Orlando, FL 32896                              | When was the debt incurred?   | Opened 01/23 Last Active 03/25               |            |  |  |  |
|          | Number Street City State Zip Code  Who incurred the debt? Check one.          | As of the date you file, the claim  |  |            |  |  |  |
|          | ■ Debtor 1 only   | ☐ Contingent  |  |            |  |  |  |
|          | Debtor 2 only   | ☐ Unliquidated  |  |            |  |  |  |
|          | ☐ Debtor 1 and Debtor 2 only  | ☐ Disputed  |  |            |  |  |  |
|          | ☐ At least one of the debtors and another                                     | Type of NONPRIORITY unsecured   | d claim:                                     |            |  |  |  |
|          | ☐ Check if this claim is for a community                                      | ☐ Student loans   |  |            |  |  |  |
|          | debt Is the claim subject to offset?  | report as priority claims   | ration agreement or divorce that you did not |            |  |  |  |
|          | ■ No  | Debts to pension or profit-sharing  |  |            |  |  |  |
|          | Yes   | Other. Specify Credit Card  | <u> </u>                                     |            |  |  |  |
| 4.1<br>6 | Synchrony Bank Nonpriority Creditor's Name                                    | Last 4 digits of account number   | 2779   | \$502.00   |  |  |  |
|          | Attn: Bankruptcy<br>Po Box 965060<br>Orlando, FL 32896                        | When was the debt incurred?   | Opened 09/23 Last Active 03/25               |            |  |  |  |
|          | Number Street City State Zip Code Who incurred the debt? Check one.           | As of the date you file, the claim  | is: Check all that apply                     |            |  |  |  |
|          | Debtor 1 only   | ☐ Contingent  |  |            |  |  |  |
|          | Debtor 2 only   | ☐ Unliquidated  |  |            |  |  |  |
|          | ☐ Debtor 1 and Debtor 2 only ☐ Disputed                                       |   |  |            |  |  |  |
|          | ☐ At least one of the debtors and another                                     |   | d claim:                                     |            |  |  |  |
|          | $\square$ Check if this claim is for a community debt                         | <ul><li>☐ Student loans</li><li>☐ Obligations arising out of a sepa</li></ul> | ration agreement or divorce that you did not |            |  |  |  |
|          | Is the claim subject to offset?   | report as priority claims   |  |            |  |  |  |
|          | No  | Debts to pension or profit-sharing  |  |            |  |  |  |
|          | Yes   | Other Specify Charge Acceptage  | count  |            |  |  |  |

|          | Debtor 1 Adriane Christine Calcote  Debtor 2 Cameron Dwayne Hambrick Case number (if known)      |   |            |  |  |
|----------|--|---|------------|--|--|
| 4.1      | Tyler Homes Memorial   | Last 4 digits of account number   | \$2,152.00 |  |  |
| 7        | Nonpriority Creditor's Name 409 Tyler Homes Dr #1521   | When was the debt incurred?   | ΨΣ,102.00  |  |  |
|          | Winona, MS 38967  Number Street City State Zip Code  Who incurred the debt? Check one.           | As of the date you file, the claim is: Check all that apply   |            |  |  |
|          | ☐ Debtor 1 only  | ☐ Contingent  |            |  |  |
|          | Debtor 2 only  | ☐ Unliquidated  |            |  |  |
|          | ■ Debtor 1 and Debtor 2 only   | ☐ Disputed  |            |  |  |
|          | ☐ At least one of the debtors and another  | Type of NONPRIORITY unsecured claim:  |            |  |  |
|          | ☐ Check if this claim is for a community   | ☐ Student loans   |            |  |  |
|          | debt Is the claim subject to offset?   | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims |            |  |  |
|          | ■ No   | $\square$ Debts to pension or profit-sharing plans, and other similar debts                               |            |  |  |
|          | Yes  | Other. Specify  |            |  |  |
| 4.1<br>8 | иммс   | Last 4 digits of account number   | \$248.74   |  |  |
|          | Nonpriority Creditor's Name P.O. Box 3488 Dept 05-077 Tupelo, MS 38803                           | When was the debt incurred?   |            |  |  |
|          | Number Street City State Zip Code  Who incurred the debt? Check one.                             | As of the date you file, the claim is: Check all that apply   |            |  |  |
|          | ☐ Debtor 1 only  | ☐ Contingent  |            |  |  |
|          | Debtor 2 only  | □ Unliquidated  |            |  |  |
|          | ■ Debtor 1 and Debtor 2 only   | □ Disputed  |            |  |  |
|          | ☐ At least one of the debtors and another  | Type of NONPRIORITY unsecured claim:  |            |  |  |
|          | ☐ Check if this claim is for a community   | ☐ Student loans   |            |  |  |
|          | debt Is the claim subject to offset?   | Obligations arising out of a separation agreement or divorce that you did not report as priority claims   |            |  |  |
|          | ■ No   | ☐ Debts to pension or profit-sharing plans, and other similar debts                                       |            |  |  |
|          | Yes  | Other. Specify  |            |  |  |
| 4.1      | UMMC   | Last 4 digits of account number   | \$169.44   |  |  |
| <u> </u> | Nonpriority Creditor's Name P.O. Box 3488  | When was the debt incurred?   | i          |  |  |
|          | Dept 05-077 Tupelo, MS 38803 Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply   |            |  |  |
|          | Debtor 1 only  | ☐ Contingent  |            |  |  |
|          | Debtor 2 only  | ☐ Unliquidated  |            |  |  |
|          | ■ Debtor 1 and Debtor 2 only   | ☐ Disputed  |            |  |  |
|          | ☐ At least one of the debtors and another  | Type of NONPRIORITY unsecured claim:  |            |  |  |
|          | ☐ Check if this claim is for a community   | ☐ Student loans   |            |  |  |
|          | debt Is the claim subject to offset?   | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims |            |  |  |
|          | No   | ☐ Debts to pension or profit-sharing plans, and other similar debts                                       |            |  |  |
|          | Yes  | Other. Specify  |            |  |  |

Part 3: List Others to Be Notified About a Debt That You Already Listed

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| Debtor 1 Adriane Christine Calcote           |   |  |
|--|---|--|
| Debtor 2 Cameron Dwayne Hambrick             |   | Case number (if known)   |
| is trying to collect from you for a debt you | owe to someone else, list the original condebts that you listed in Parts 1 or 2, list | ebt that you already listed in Parts 1 or 2. For example, if a collection agency reditor in Parts 1 or 2, then list the collection agency here. Similarly, if you the additional creditors here. If you do not have additional persons to be |
| Name and Address                             | On which entry in Part 1 or Part  | 2 did you list the original creditor?  |
| Brand & Sanford, PLLC                        | Line 4.1 of (Check one):  | ☐ Part 1: Creditors with Priority Unsecured Claims   |
| 125 S Congress St<br>Floor 15                |   | ■ Part 2: Creditors with Nonpriority Unsecured Claims  |
| Jackson, MS 39207                            |   |  |
| •  | Last 4 digits of account number   |  |

#### Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

|                       |     |  |            |       | Total Claim |
|-----------------------|-----|--|------------|-------|-------------|
|                       | 6a. | Domestic support obligations   | 6a.        | \$    | 0.00        |
| Total claims          |     |  |            |       |             |
| from Part 1           | 6b. | Taxes and certain other debts you owe the government   | 6b.        | \$    | 0.00        |
|                       | 6c. | Claims for death or personal injury while you were intoxicated   | 6c.        | \$    | 0.00        |
|                       | 6d. | Other. Add all other priority unsecured claims. Write that amount here.                                  | 6d.        | \$    | 0.00        |
|                       | 6e. | Total Priority. Add lines 6a through 6d.   | 6e.        | \$    | 0.00        |
|                       |     |  |            |       | Total Claim |
| Total                 | 6f. | Student loans  | 6f.        | \$    | 7,733.00    |
| claims<br>from Part 2 | 6g. | Obligations arising out of a separation agreement or divorce that  | C a        | \$    | 0.00        |
|                       | 6h. | you did not report as priority claims  Debts to pension or profit-sharing plans, and other similar debts | 6g.<br>6h. | \$ —— | 0.00        |
|                       | 6i. | Other. Add all other nonpriority unsecured claims. Write that amount                                     | 6i.        | Ψ     |             |
|                       | Oi. | here.  | Oi.        | \$    | 15,373.66   |
|                       | 6j. | Total Nonpriority. Add lines 6f through 6i.  | 6j.        | \$    | 23,106.66   |

| Fill in this information to identify your case: |                   |                   |                |  |                                      |  |
|---|-------------------|-------------------|----------------|--|--------------------------------------|--|
| Debtor 1  | Adriane Christine | Calcote           |                |  |                                      |  |
|   | First Name        | Middle Name       | Last Name      |  |                                      |  |
| Debtor 2 Cameron Dwayne Hambrick                |                   |                   |                |  |                                      |  |
| (Spouse if, filing)                             | First Name        | Middle Name       | Last Name      |  |                                      |  |
| United States Bankruptcy Court for the:         |                   | SOUTHERN DISTRICT | OF MISSISSIPPI |  |                                      |  |
| Case number (if known)                          |                   |                   |                |  | ☐ Check if this is an amended filing |  |

## Official Form 106G

# **Schedule G: Executory Contracts and Unexpired Leases**

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
  - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
  - ☐ Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

| ı   | Person or | company with | whom you have the | e contract or lease<br>Code | State what the contract or lease is for |
|-----|-----------|--------------|-------------------|-----------------------------|---|
| 2.1 |           |              |                   |                             |   |
|     | Name      |              |                   |                             | _                                       |
|     | Number    | Street       |                   |                             |   |
|     | City      |              | State             | ZIP Code                    | _                                       |
| 2.2 |           |              |                   |                             |   |
|     | Name      |              |                   |                             |   |
|     | Number    | Street       |                   |                             |   |
|     | City      |              | State             | ZIP Code                    | <u> </u>                                |
| 2.3 | City      |              | State             | ZIF Code                    |   |
| 2.0 | Name      |              |                   |                             |   |
|     | Number    | Street       |                   |                             | _                                       |
|     | City      |              | State             | ZIP Code                    | <del>-</del>                            |
| 2.4 |           |              |                   |                             |   |
|     | Name      |              |                   |                             | _                                       |
|     | Number    | Street       |                   |                             | _                                       |
|     | City      |              | State             | ZIP Code                    | _                                       |
| 2.5 |           |              |                   |                             |   |
|     | Name      |              |                   |                             | _                                       |
|     | Number    | Street       |                   |                             | _                                       |
|     | City      |              | State             | ZIP Code                    | _                                       |

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| Fill in thi                | s information to identify  | y your case:  |                          |   |
|----------------------------|--|---|--------------------------|---|
| Debtor 1                   | Adriane Ch   | ristine Calcote   |                          |   |
|                            | First Name   | Middle Name   | Last Name                |   |
| Debtor 2<br>(Spouse if, fi |  | wayne Hambrick  Middle Name   | Last Name                |   |
|                            | ates Bankruptcy Court fo   |   |                          |   |
| 0                          | -t   |   |                          |   |
| Case nun                   | nber   |   |                          | ☐ Check if this is an amended filing  |
|                            | al Form 106H   |   |                          |   |
| <u>Sche</u>                | dule H: Your (   | Codebtors   |                          | 12/15   |
| •                          | you have any codebto   | cnown). Answer every questions: (If you are filing a joint case   |                          | as a codebtor.  |
| Arizo                      | na, California, Idaho, Lou<br>b. Go to line 3.   | Ive you lived in a community publicana, Nevada, New Mexico, Fundament liver spouse, or legal equivalent liver | Puerto Rico, Texas, Wash | y? (Community property states and territories include ington, and Wisconsin.)   |
| 3. In Co<br>in lin<br>Form | olumn 1, list all of your one 2 again as a codebtor<br>of 106D), Schedule E/F (Column 2. | codebtors. Do not include you<br>ronly if that person is a guara<br>Official Form 106E/F), or Sche            | ur spouse as a codebtor  | if your spouse is filing with you. List the person shown sure you have listed the creditor on Schedule D (Official 16G). Use Schedule D, Schedule E/F, or Schedule G to fil |
|                            | Column 1: Your codebt<br>Name, Number, Street, City, Sta                                 |   |                          | Column 2: The creditor to whom you owe the debt<br>Check all schedules that apply:  |
| 3.1                        | Name   |   |                          | ☐ Schedule D, line ☐ Schedule E/F, line ☐ Schedule G, line  |
|                            | Number Street<br>City  | State   | ZIP Code                 | _   |
| 3.2                        | Name   |   |                          | ☐ Schedule D, line ☐ Schedule E/F, line ☐ Schedule G, line  |
|                            | Number Street<br>City  | State   | ZIP Code                 | _   |

Official Form 106H Schedule H: Your Codebtors Page 1 of 1

| Fill in this information        | to identify your case:                               |   |
|---------------------------------|--|---|
| Debtor 1                        | Adriane Christine Calcote                            |   |
| Debtor 2<br>(Spouse, if filing) | Cameron Dwayne Hambrick                              |   |
| United States Bankrup           | ptcy Court for the: SOUTHERN DISTRICT OF MISSISSIPPI |   |
| Case number (If known)          |  | Check if this is:  An amended filing  A supplement showing postpetition chapter |
| Official Form                   | n 106l   | 13 income as of the following date:  MM / DD/ YYYY                              |

#### Schedule I: Your Income

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Pa | t 1: Describe Employment                                    |                      |  |  |
|----|---|----------------------|--|--|
| 1. | Fill in your employment information.                        |                      | Debtor 1                                 | Debtor 2 or non-filing spouse            |
|    | If you have more than one job,                              | Francisco estatua    | ■ Employed                               | ■ Employed                               |
|    | attach a separate page with information about additional    | Employment status    | ☐ Not employed                           | ☐ Not employed                           |
|    | employers.  | Occupation           | Badge Maker                              | Security Gaurd                           |
|    | Include part-time, seasonal, or self-employed work.         | Employer's name      | TBL Security                             | TBL Security                             |
|    | Occupation may include student or homemaker, if it applies. | Employer's address   | 4121 Old West Rd<br>Starkville, MS 39759 | 4121 Old West Rd<br>Starkville, MS 39759 |
|    |   | How long employed to | nere? 1 Month                            | 1 Month                                  |

**Give Details About Monthly Income** 

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

For Debtor 1 For Debtor 2 or non-filing spouse List monthly gross wages, salary, and commissions (before all payroll 2,890.33 2,654.71 deductions). If not paid monthly, calculate what the monthly wage would be. Estimate and list monthly overtime pay. 3. +\$ 0.00 0.00 Calculate gross Income. Add line 2 + line 3. 2,654.71 2,890.33

Schedule I: Your Income Official Form 106I page 1

| Deb<br>Deb | tor 1<br>tor 2 | Adriane Christine Calcote Cameron Dwayne Hambrick  |               |          | Case n | umber ( <i>if ki</i> | nown) |      |                    |                  |                 |
|------------|----------------|--|---------------|----------|--------|----------------------|-------|------|--------------------|------------------|-----------------|
|            |                |  |               |          | For I  | Debtor 1             |       |      | or Debtor          |                  |                 |
|            | Сор            | by line 4 here   | 4             |          | \$     | 2,654                | 4.71  | \$   |                    | ,890.33          |                 |
| 5.         | List           | all payroll deductions:  |               |          |        |                      |       |      |                    |                  |                 |
|            | 5a.            | Tax, Medicare, and Social Security deductions  | 5             | a.       | \$     | 26                   | 5.47  | \$   | i                  | 375.74           | _               |
|            | 5b.            | Mandatory contributions for retirement plans   |               | b.       | \$     |                      | 0.00  | \$   |                    | 0.00             | =               |
|            | 5c.            | Voluntary contributions for retirement plans   |               | C.       | \$     |                      | 0.00  | \$   |                    | 0.00             | -               |
|            | 5d.<br>5e.     | Required repayments of retirement fund loans Insurance   |               | d.<br>e. | \$     |                      | 0.00  | \$   |                    | 0.00             | -               |
|            | 5f.            | Domestic support obligations   | 5             |          | \$     |                      | 0.00  | \$   |                    | 0.00             | _               |
|            | 5g.            | Union dues   |               | g.       | \$     |                      | 0.00  | \$   |                    | 0.00             | -               |
|            | 5h.            | Other deductions. Specify:   |               | h.+      | \$     |                      | 0.00  | + \$ |                    | 0.00             | -               |
| 6.         | Add            | the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.   | 6             |          | \$     | 26                   | 5.47  | \$   |                    | 375.74           | -               |
| 7.         | Cald           | culate total monthly take-home pay. Subtract line 6 from line 4.   | 7             |          | \$     | 2,389                | 9.24  | \$   | 2                  | ,514.59          | _               |
| 8.         | List<br>8a.    | all other income regularly received:  Net income from rental property and from operating a business profession, or farm  Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total |               |          | Φ.     |                      |       | ď    |                    |                  | -               |
|            | 8b.            | monthly net income.  Interest and dividends  |               | a.<br>b. | \$     |                      | 0.00  | \$   |                    | 0.00             | -               |
|            | 8c.            | Family support payments that you, a non-filing spouse, or a de regularly receive Include alimony, spousal support, child support, maintenance, divor   | pendent       | U.       | Ψ      | <u>'</u>             | J.UU_ | Ψ    |                    | 0.00             | -               |
|            |                | settlement, and property settlement.   |               | C.       | \$     | (                    | 0.00  | \$   | ;                  | 0.00             |                 |
|            | 8d.            | Unemployment compensation  | 8             | d.       | \$     | (                    | 0.00  | \$   |                    | 0.00             | -               |
|            | 8e.            | Social Security  | 8             | e.       | \$     | (                    | 0.00  | \$   |                    | 0.00             | _               |
|            | 8f.            | Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash a that you receive, such as food stamps (benefits under the Suppleme Nutrition Assistance Program) or housing subsidies. Specify:  |               | f.       | \$     | (                    | 0.00  | \$   | i                  | 0.00             |                 |
|            | 8g.            | Pension or retirement income   | 8             | g.       | \$     | (                    | 0.00  | \$   |                    | 0.00             | -               |
|            | 8h.            | Other monthly income. Specify: Cameron   |               | h.+      | \$     | (                    | 0.00  | + \$ |                    | 150.00           | -               |
| 9.         | Add            | l all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.   | 9             | . [      | \$     | (                    | 0.00  | \$   |                    | 150.00           | 0               |
| 10.        |                | culate monthly income. Add line 7 + line 9. the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.   | 10.           | \$_      | 2      | ,389.24              | + \$  |      | 2,664.59           | = \$             | 5,053.83        |
|            |                |  |               | <u> </u> |        |                      |       |      |                    |                  |                 |
| 11.        | Inclu<br>othe  | te all other regular contributions to the expenses that you list in Sude contributions from an unmarried partner, members of your househer friends or relatives.  not include any amounts already included in lines 2-10 or amounts tha cify:              | old, your dep |          |        | •                    |       | •    | n <i>Schedul</i> e | e J.<br>+\$      | 0.00            |
| 12.        |                | I the amount in the last column of line 10 to the amount in line 11. be that amount on the Summary of Schedules and Statistical Summary lies   |               |          |        |                      |       |      |                    | \$               | 5,053.83        |
| 13.        | Do y           | you expect an increase or decrease within the year after you file t<br>No.   | his form?     |          |        |                      |       |      |                    | Combin<br>monthl | ned<br>y income |
|            |                | Yes. Explain:  |               |          |        |                      |       |      |                    |                  |                 |

| Fill | in this informa                | ation to identify yo                                  | our case:       |   |   |   |                 |                               |  |  |
|------|--------------------------------|---|-----------------|---|---|---|-----------------|-------------------------------|--|--|
| Deb  | tor 1                          | Adriane Chr   | istine Ca       | lcote   |   | Che   | ck if this is:  |                               |  |  |
|      | btor 2 Cameron Dwayne Hambrick |   |                 |   |   | ☐ An amended filing ☐ A supplement showing postpetition chapter 13 expenses as of the following date: |                 |                               |  |  |
| Unit | ed States Bank                 | ruptcy Court for the                                  | : SOUTH         | ERN DISTRICT OF MISS  | ISSIPPI                                 |   | MM / DD / YYYY  |                               |  |  |
| Cas  | e number                       |   |                 |   |   |   |                 |                               |  |  |
| 1    | nown)                          |   |                 |   |   |   |                 |                               |  |  |
| Of   | fficial Fo                     | orm 106J  |                 |   |   |   |                 |                               |  |  |
|      |                                | J: Your   | Exper           | ises  |   |   |                 | 12/15                         |  |  |
| Be a | as complete<br>ormation. If m  | and accurate as                                       | possible.       | If two married people ar<br>ch another sheet to this                      |   |   |                 |                               |  |  |
| Par  |                                | ribe Your House                                       | hold            |   |   |   |                 |                               |  |  |
| 1.   | Is this a joir                 |   |                 |   |   |   |                 |                               |  |  |
|      | _                              | es Debtor 2 live                                      | in a separ      | ate household?  |   |   |                 |                               |  |  |
|      | ■ N<br>□ Y                     |   | st file Offici  | al Form 106J-2, <i>Expenses</i>   | s for Separate House                    | ehold of Deb  | otor 2.         |                               |  |  |
| 2.   | Do you hav                     | e dependents?   | ■ No            |   |   |   |                 |                               |  |  |
|      | Do not list D<br>Debtor 2.     | ebtor 1 and   | ☐ Yes.          | Fill out this information for each dependent                              | Dependent's relati<br>Debtor 1 or Debto |   | Dependent's age | Does dependent live with you? |  |  |
|      | Do not state                   |   |                 |   |   |   |                 | □ No                          |  |  |
|      | dependents                     | names.  |                 |   |   |   |                 | ☐ Yes<br>☐ No                 |  |  |
|      |                                |   |                 |   |   |   |                 | ☐ Yes                         |  |  |
|      |                                |   |                 |   |   |   |                 | □ No                          |  |  |
|      |                                |   |                 |   |   |   |                 | ☐ Yes<br>☐ No                 |  |  |
|      |                                |   |                 |   |   |   |                 | ☐ Yes                         |  |  |
| 3.   | expenses o                     | penses include<br>of people other t<br>d your depende | han $_{m \Box}$ | No<br>Yes   |   |   |                 |                               |  |  |
| exp  | imate your ex                  | a date after the                                      | our bankrı      | y Expenses<br>uptcy filing date unless y<br>y is filed. If this is a supp |   |   |                 |                               |  |  |
| the  |                                | h assistance an                                       |                 | government assistance i<br>luded it on <i>Schedule I:</i> \               |   |   | Your exp        | enses                         |  |  |
| 4.   |                                | or home owners<br>nd any rent for th                  |                 | ses for your residence. I<br>r lot.                                       | nclude first mortgage                   | e<br>4. S   | \$              | 1,180.00                      |  |  |
|      | If not include                 | ded in line 4:  |                 |   |   |   |                 |                               |  |  |
|      | 4a. Real e                     | estate taxes  |                 |   |   | 4a. S   | 6               | 0.00                          |  |  |
|      |                                | erty, homeowner's                                     | s, or renter    | 's insurance  |   | 4b. S   | ·               | 0.00                          |  |  |
|      |                                |   |                 | pkeep expenses  |   | 4c. \$  | ·               | 0.00                          |  |  |
| 5.   |                                | eowner's associate<br>mortgage payme                  |                 | dominium dues<br>our residence, such as ho                                | me equity loans                         | 4d. \$<br>5. \$   | ·               | 0.00                          |  |  |

|                | Adriane Christine Calcote Cameron Dwayne Hambrick  | Case num             | ber (if known) |                          |
|----------------|--|----------------------|----------------|--------------------------|
| 6. Utilitie    | s;   |                      |                |                          |
| 6a.            | Electricity, heat, natural gas   | 6a.                  | \$             | 200.00                   |
| 6b.            | Nater, sewer, garbage collection   | 6b.                  | \$             | 100.00                   |
| 6c.            | Felephone, cell phone, Internet, satellite, and cable services   | 6c.                  | \$             | 350.00                   |
| 6d.            | Other. Specify:  | 6d.                  | \$             | 0.00                     |
| 7. Food        | and housekeeping supplies  |                      | \$             | 895.00                   |
| 3. Childo      | are and children's education costs   | 8.                   | \$             | 0.00                     |
| . Clothi       | ng, laundry, and dry cleaning  | 9.                   | \$             | 157.00                   |
| 0. Perso       | nal care products and services   | 10.                  | \$             | 80.00                    |
| 1. Medic       | al and dental expenses   | 11.                  | \$             | 100.00                   |
|                | portation. Include gas, maintenance, bus or train fare. include car payments.  | 12.                  | \$             | 250.00                   |
|                | ainment, clubs, recreation, newspapers, magazines, and books   | 13.                  | \$             | 75.00                    |
|                | able contributions and religious donations   | 14.                  | \$             | 0.00                     |
| 15a.<br>15b.   | nce. include insurance deducted from your pay or included in lines 4 or 20. Life insurance Health insurance Vehicle insurance  | 15a.<br>15b.<br>15c. | ·              | 0.00<br>0.00<br>215.00   |
| 15d.           | Other insurance. Specify:  | 15d.                 | \$             | 0.00                     |
| Specif         |  | 16.                  | \$             | 0.00                     |
|                | ment or lease payments:  |                      | _              |                          |
|                | Car payments for Vehicle 1   | 17a.                 | ·              | 0.00                     |
|                | Car payments for Vehicle 2   | 17b.                 | \$             | 0.00                     |
|                | Other. Specify:  | 17c.                 | \$             | 0.00                     |
|                | Other. Specify:  | 17d.                 | \$             | 0.00                     |
| deduc          | ayments of alimony, maintenance, and support that you did not report as ted from your pay on line 5, Schedule I, Your Income (Official Form 106I).   | 18.                  | \$             | 0.00                     |
|                | payments you make to support others who do not live with you.  | 40                   | \$             | 0.00                     |
| Specif         | <br>real property expenses not included in lines 4 or 5 of this form or on <i>Schec</i>  | 19.                  | ur Incomo      |                          |
|                | Mortgages on other property  | 20a.                 |                | 0.00                     |
|                | Real estate taxes  | 20b.                 |                | 0.00                     |
|                | Property, homeowner's, or renter's insurance   | 20b.<br>20c.         | ·              |                          |
|                |  | 20d.                 | ·              | 0.00                     |
|                | Maintenance, repair, and upkeep expenses   |                      | ·              | 0.00                     |
|                | Homeowner's association or condominium dues  | 20e.                 | \$             | 0.00                     |
| l. Other:      | Specify:   | 21.                  | +\$            | 0.00                     |
| 22a. A         | ate your monthly expenses  dd lines 4 through 21.  opy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2  |                      | \$<br>         | 3,602.00                 |
| 22c. A         | dd line 22a and 22b. The result is your monthly expenses.  |                      | \$             | 3,602.00                 |
|                | ate your monthly net income.   |                      | •              |                          |
|                | Copy line 12 (your combined monthly income) from Schedule I.   | 23a.                 |                | 5,053.83                 |
| 23b.           | Copy your monthly expenses from line 22c above.  | 23b.                 | -\$            | 3,602.00                 |
|                | Subtract your monthly expenses from your monthly income. The result is your <i>monthly net income</i> .  | 23c.                 | \$             | 1,451.83                 |
| For examodific | u expect an increase or decrease in your expenses within the year after you mple, do you expect to finish paying for your car loan within the year or do you expect your lation to the terms of your mortgage? |                      |                | or decrease because of a |
| ☐ Yes          | Explain here:  |                      |                |                          |

| Fill in this inform | nation to identify your                       | case:                        |                                      |                     |                                 |
|---------------------|---|------------------------------|--------------------------------------|---------------------|---------------------------------|
| Debtor 1            | Adriane Christine                             | - Calcote                    |                                      |                     |                                 |
| 20010.              | First Name                                    | Middle Name                  | Last Name                            |                     |                                 |
| Debtor 2            | Cameron Dwayne                                | e Hambrick                   |                                      |                     |                                 |
| (Spouse if, filing) | First Name                                    | Middle Name                  | Last Name                            |                     |                                 |
| United States Bar   | nkruptcy Court for the:                       | SOUTHERN DISTRICT            | T OF MISSISSIPPI                     |                     |                                 |
| Case number         |   |                              |                                      |                     |                                 |
| (if known)          |   |                              |                                      |                     | ☐ Check if this is an           |
|                     |   |                              |                                      |                     | amended filing                  |
|                     |   |                              |                                      |                     |                                 |
| Official Form       | 106Doc  |                              |                                      |                     |                                 |
|                     |   |                              |                                      |                     |                                 |
| Declarati           | ion About a                                   | an Individual                | l Debtor's Sched                     | luies               | 12/15                           |
|                     |   |                              |                                      |                     |                                 |
| f two married pe    | ople are filing togethe                       | r, both are equally response | onsible for supplying correct inf    | ormation.           |                                 |
| You must file this  | form whenever you f                           | ile bankruptcy schedule      | s or amended schedules. Makin        | g a false statemer  | nt. concealing property, or     |
| obtaining money     | or property by fraud i                        | n connection with a ban      | kruptcy case can result in fines     |                     |                                 |
| years, or both. 18  | 8 U.S.C. §§ 152, 1341, 1                      | 1519, and 3571.              |                                      |                     |                                 |
|                     |   |                              |                                      |                     |                                 |
| Ciam                | Dalaw   |                              |                                      |                     |                                 |
| Sign                | Below   |                              |                                      |                     |                                 |
| Did you nay         | or agree to have some                         | one who is NOT an atte       | rney to help you fill out bankrup    | stov forme?         |                                 |
| Did you pay         | or agree to pay some                          | one who is NOT an allo       | rney to help you fill out bankrup    | ncy forms :         |                                 |
| ■ No                |   |                              |                                      |                     |                                 |
| — Vaa N             | ame of person                                 |                              |                                      | Attach Pankrunt     | tcy Petition Preparer's Notice, |
| ☐ 165. N            | anie or person                                |                              |                                      |                     | d Signature (Official Form 119) |
|                     |   |                              |                                      | ,                   | 3 (                             |
|                     |   | 4.41. 14                     |                                      |                     |                                 |
|                     | ty of perjury, I declare<br>true and correct. | that I have read the sun     | nmary and schedules filed with       | this declaration ar | na                              |
| mar may are         |   |                              |                                      |                     |                                 |
|                     | ane Christine Calco                           | te                           | X /s/ Cameron Dwa                    |                     |                                 |
|                     | Christine Calcote                             |                              | Cameron Dwayn<br>Signature of Debtor |                     |                                 |
| Signature           | e of Debtor 1                                 |                              | Signature of Debtor                  | ۷                   |                                 |

Date **April 23, 2025** 

Date **April 23, 2025** 

| Filli         | n this information to id                           | entify your case           | ·                              |   |  |                                    |
|---------------|--|----------------------------|--------------------------------|---|--|------------------------------------|
| Debt          |  | e Christine Ca             |                                |   |  |                                    |
|               | First Name   |                            | Middle Name                    | Last Name   |  |                                    |
| Debt<br>(Spou | tor 2 Camero se if, filing) First Name             | on Dwayne Ha               | mbrick<br>Middle Name          | Last Name   |  |                                    |
| Unite         | ed States Bankruptcy Co                            | urt for the: SC            | OUTHERN DISTRICT (             | OF MISSISSIPPI  |  |                                    |
| Case          | e number   |                            |                                |   |  |                                    |
| (if kno       |  |                            |                                |   | _  | Check if this is an                |
|               |  |                            |                                |   |  | amended filing                     |
| Off           | icial Form 107                                     | ,                          |                                |   |  |                                    |
|               |  | -                          | irs for Indivi                 | duals Filing for B  | ankruptcy  | 04/25                              |
| Be as         | s complete and accurat                             | e as possible. If          | two married people a           | are filing together, both are                             | equally responsible for sup                                |                                    |
|               | mation. If more space oer (if known). Answer       |                            | h a separate sheet to          | this form. On the top of an                               | y additional pages, write yo                               | ur name and case                   |
| Part          | 1: Give Details Abo                                | ut Your Marital S          | Status and Where You           | Lived Before  |  |                                    |
| 1.            | What is your current m                             | arital status?             |                                |   |  |                                    |
|               | ■ Married  |                            |                                |   |  |                                    |
|               | ■ Married  Not married                             |                            |                                |   |  |                                    |
| 2.            | During the last 3 years,                           | have you lived             | anywhere other than            | where you live now?                                       |  |                                    |
|               | □ No   |                            |                                |   |  |                                    |
|               | Yes. List all of the p                             | laces you lived ir         | the last 3 years. Do no        | ot include where you live now                             | I.   |                                    |
|               | Debtor 1:  |                            | Dates Debtor 1                 | Debtor 2 Prior Ac   | Idress:  | Dates Debtor 2                     |
|               | 706 Mulberry St                                    |                            | lived there<br>From-To:        | ■ Same as Debtor  | 1  | lived there  Same as Debtor 1      |
|               | Vaiden, MS 39176                                   |                            | 12/1/2020 -<br>4/5/2025        | — Game as Debior  | '  | From-To:                           |
| -             |  |                            |                                |   |  |                                    |
|               |  |                            |                                |   | ity property state or territorico, Texas, Washington and V |                                    |
| States        | _  | Mizoria, Camorria          | a, Idario, Louisiaria, Ne      | vada, New Mexico, Fuello R                                | ico, Texas, washington and v                               | VISCOTISITI.)                      |
|               | ■ No<br>□ Yes. Make sure vou                       | ı fill out <i>Schedule</i> | H: Your Codebtors (O           | fficial Form 106H).                                       |  |                                    |
| Dow           |  |                            | `                              | ,   |  |                                    |
| Part          | 2 Explain the Source                               | ces of Your Inco           | ome                            |   |  |                                    |
|               |  |                            |                                | g a business during this yeall businesses, including part | ear or the two previous caled-<br>-time activities.        | ndar years?                        |
|               | If you are filing a joint ca                       | se and you have            | income that you receive        | e together, list it only once ur                          | nder Debtor 1.   |                                    |
|               | □ No   |                            |                                |   |  |                                    |
|               | Yes. Fill in the detail                            | ls.                        |                                |   |  |                                    |
|               |  | Deb                        | tor 1                          | Gross income  | Debtor 2<br>Sources of income                              | Gross income                       |
|               |  |                            | ck all that apply.             | (before deductions and exclusions)                        | Check all that apply.                                      | (before deductions and exclusions) |
|               | n January 1 of current<br>date you filed for bankr | untev:                     | lages, commissions, uses, tips | \$7,002.00  | ■ Wages, commissions, bonuses, tips                        | \$8,052.00                         |
|               |  |                            | perating a business            |   | ☐ Operating a business                                     |                                    |

Statement of Financial Affairs for Individuals Filing for Bankruptcy

page 1

Official Form 107

|                                | driane Christine Cald<br>ameron Dwayne Han   |  | Cas   | e number (if known)   |  |
|--------------------------------|--|--|---|---|--|
|                                |  | Debtor 1   |   | Debtor 2  |  |
|                                |  | Sources of income<br>Check all that apply.   | Gross income<br>(before deductions and<br>exclusions)   | Sources of inco   |  |
| For last cale<br>(January 1 to | ndar year:<br>o December 31, 2024)   | ■ Wages, commissions, bonuses, tips  | \$26,511.00   | ■ Wages, combonuses, tips   | missions, \$15,908.00  |
|                                |  | ☐ Operating a business   |   | ☐ Operating a l   | business   |
|                                | ndar year before that:<br>o December 31, 2023)   | ■ Wages, commissions, bonuses, tips  | \$4,564.00  | ■ Wages, combonuses, tips   | missions, \$8,708.00   |
|                                |  | ☐ Operating a business   |   | ☐ Operating a l   | ousiness   |
| List each                      | , , ,  | ase and you have income that you come from each source separated by Debtor 1   | tely. Do not include income t   | hat you listed in line  Debtor 2  | e 4.   |
|                                |  | Sources of income Describe below.  | Gross income from each source (before deductions and exclusions)  | Sources of incomposition Describe below.  |  |
| Part 3: Lis                    | st Certain Payments Yo   | u Made Before You Filed for I  | Bankruptcy  |   |  |
| □ No.                          | Neither Debtor 1 nor individual primarily for During the 90 days bet No. Go to line Yes List below paid that cont include * Subject to adjustment.  Debtor 1 or Debtor 2 During the 90 days bet No. Go to line Yes List below include pa | a personal, family, or household fore you filed for bankruptcy, di 7.  each creditor to whom you pai treditor. Do not include payments a payments to an attorney for the nt on 4/01/28 and every 3 years or both have primarily consultions you filed for bankruptcy, di 7.  each creditor to whom you pai | Imer debts. Consumer debtald purpose."  d you pay any creditor a total d a total of \$8,575* or more attacked to the debta of the for domestic support obligations bankruptcy case. In a father that for cases filed on the debts.  d you pay any creditor a total d a total of \$600 or more and | I of \$8,575* or more not one or more pay pations, such as che or after the date of I of \$600 or more? | ments and the total amount you ild support and alimony. Also, do fadjustment.  |
| Credito                        | r's Name and Address   | Dates of payme   | nt Total amount   | Amount you still owe  | Was this payment for   |
| Only re                        | egular installment pa  | yments.  | \$0.00  | \$0.00  | ☐ Mortgage ☐ Car ☐ Credit Card ☐ Loan Repayment ☐ Suppliers or vendors ☐ Other |

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|      | tor 2 Cameron Dwayne Hambrick  |   | Cas   | se number (if known                       | 1)                                |  |
|------|--|---|---|---|-----------------------------------|--|
|      | Within 1 year before you filed for bankrupt Insiders include your relatives; any general prof which you are an officer, director, person in a business you operate as a sole proprietor. | artners; relatives of any gen<br>n control, or owner of 20% o | eral partners; partner<br>or more of their voting | erships of which y<br>g securities; and a | ou are a genera<br>any managing a | Il partner; corporations<br>gent, including one fo |
|      | ■ No □ Yes. List all payments to an insider.   |   |   |   |                                   |  |
|      | Insider's Name and Address   | Dates of payment  | Total amount paid                                 | Amount you still owe                      | Reason for                        | this payment                                       |
|      | Within 1 year before you filed for bankrupt insider? Include payments on debts guaranteed or cos   |   | ments or transfer a                               | any property on                           | account of a de                   | ebt that benefited an                              |
|      | <ul><li>No</li><li>Yes. List all payments to an insider</li></ul>  |   |   |   |                                   |  |
|      | ☐ Yes. List all payments to an insider  Insider's Name and Address   | Dates of payment  | Total amount                                      | Amount you still owe                      | Reason for                        | this payment                                       |
|      |  |   | paid  | Still Owe                                 | include creat                     | nors name  |
| Part | 4: Identify Legal Actions, Repossessio   | ns, and Foreclosures  |   |   |                                   |  |
|      | Within 1 year before you filed for bankrupt List all such matters, including personal injury modifications, and contract disputes.  No Yes. Fill in the details.                         |   |   |   |                                   |  |
|      | Case title   | Nature of the case  | Court or agency                                   |   | Status of the                     | e case   |
|      | Case number Advance Recovery Systems Inc   | Collections   | Montgomery J                                      | ustice Court                              | ■ Pending                         |  |
|      | v<br>Calcote, Adriane C<br>14577   |   | PO Box 229<br>Winona, MS 38                       | 967                                       | ☐ On appe                         |  |
|      | Within 1 year before you filed for bankrupt<br>Check all that apply and fill in the details belo   |   | erty repossessed, f                               | oreclosed, garn                           | ished, attached                   | l, seized, or levied?                              |
|      | <ul><li>No. Go to line 11.</li><li>Yes. Fill in the information below.</li></ul>   |   |   |   |                                   |  |
|      | Creditor Name and Address  | Describe the Property   | Describe the Property                             |   |                                   | Value of the property                              |
|      |  | Explain what happened   | d   |   |                                   |  |
|      | Within 90 days before you filed for bankru accounts or refuse to make a payment bed  No  Yes. Fill in the details.   |   | luding a bank or fii                              | nancial institutio                        | n, set off any a                  | mounts from your                                   |
|      | Creditor Name and Address  | Describe the action the                                       | creditor took                                     | Date<br>take                              | e action was                      | Amount   |
|      | Within 1 year before you filed for bankrupt court-appointed receiver, a custodian, or a  No Yes  |   | erty in the possess                               |   |                                   | fit of creditors, a                                |

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|     | otor 1<br>otor 2 | Adriane Christine Calcote Cameron Dwayne Hambrick   |        | Case num  | nber (if known)                         |                           |
|-----|------------------|---|--------|---|---|---------------------------|
| Pai | t 5:             | List Certain Gifts and Contributions  | S      |   |   |                           |
| 13. |                  | No<br>Yes. Fill in the details for each gift.   |        | did you give any gifts with a total value of mo   |   |                           |
|     | per p            | s with a total value of more than \$600<br>person<br>on to Whom You Gave the Gift and                                     | 0      | Describe the gifts  | Dates you gave the gifts                | Value                     |
|     | Addı             | ress:   |        |   |   |                           |
| 14. |                  | No  |        | did you give any gifts or contributions with a  | total value of more than                | \$600 to any charity?     |
|     |                  | Yes. Fill in the details for each gift or co  |        |   | <b>D</b> /                              | N/ 1                      |
|     | more<br>Char     | s or contributions to charities that to<br>e than \$600<br>rity's Name<br>ress (Number, Street, City, State and ZIP Code) |        | Describe what you contributed   | Dates you<br>contributed                | Value                     |
| Pai | t 6:             | List Certain Losses   |        |   |   |                           |
| 15. |                  | n 1 year before you filed for bankrup<br>mbling?  | otcy o | r since you filed for bankruptcy, did you lose  | anything because of the                 | ft, fire, other disaster, |
|     | _ `              | No<br>Yes. Fill in the details.   |        |   |   |                           |
|     |                  | the loss occurred   | Includ | ribe any insurance coverage for the loss de the amount that insurance has paid. List pendiance claims on line 33 of Schedule A/B: Property. |   | Value of property lost    |
| Pai | t 7:             | List Certain Payments or Transfers  | i      |   |   |                           |
| 16. | consi            | ulted about seeking bankruptcy or p   | repar  | did you or anyone else acting on your behalf pring a bankruptcy petition? ers, or credit counseling agencies for services req               |   | rty to anyone you         |
|     | _                | No  |        |   |   |                           |
|     |                  | Yes. Fill in the details.   |        |   |   |                           |
|     | Addı<br>Ema      | on Who Was Paid<br>ress<br>il or website address<br>on Who Made the Payment, if Not Yo                                    | ou     | Description and value of any property transferred   | Date payment<br>or transfer was<br>made | Amount of payment         |
|     | P.O.             | Rollins Law Firm, PLLC<br>Box 13767   |        | Filing fee, attorney fee, credit report and credit counseling   | 3/24/25                                 | \$650.00                  |
|     |                  | kson, MS 39236<br>ins@therollinsfirm.com  |        |   |   |                           |
| 17. | prom             |   | litors | did you or anyone else acting on your behalf por to make payments to your creditors? sted on line 16.                                       | pay or transfer any prope               | rty to anyone who         |
|     | _                | No  |        |   |   |                           |
|     |                  | Yes. Fill in the details.   |        | Description and value of any array  | Data warment                            | A                         |
|     | Pers<br>Addı     | on Who Was Paid<br>ress   |        | Description and value of any property transferred   | Date payment<br>or transfer was<br>made | Amount of payment         |

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| Debtor<br>Debtor       |   |   |   | Case number (if known)  |   |  |  |
|------------------------|---|---|---|---|---|--|--|
| tra<br>Inc<br>inc<br>■ | Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs?  Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property). Do not include gifts and transfers that you have already listed on this statement. |   |   |   |   |  |  |
|                        | Yes. Fill in the details. erson Who Received Transfer ddress  |   | Description and value of property transferred         |   | erty or Date transfer was or debts made |  |  |
| Pe                     | erson's relationship to you   |   |   | paid in exchange  |   |  |  |
|                        | ithin 10 years before you filed for bankreneficiary? (These are often called asset-page No Yes. Fill in the details.  |   | ny property to a s                                    | self-settled trust or sim                                     | ilar device of which you are a          |  |  |
| Na                     | lame of trust   | Description and   | value of the prop                                     | erty transferred  | Date Transfer was made                  |  |  |
| Part 8:                | List of Certain Financial Accounts,   | Instruments, Safe Deposi                                    | it Boxes, and Sto                                     | rage Units  |   |  |  |
| sol<br>Inc<br>ho       | Yes. Fill in the details.   | , or other financial accousociations, and other fina        | ints; certificates on cial institutions               | of deposit; shares in ba                                      | anks, credit unions, brokerage          |  |  |
| A                      | lame of Financial Institution and didress (Number, Street, City, State and ZIP ode)   | Last 4 digits of account number                             | Type of accourtinstrument                             | nt or Date accour<br>closed, sold<br>moved, or<br>transferred |   |  |  |
| P                      | eadence Bank<br>Pob 3370<br>Tupelo, MS 38803  | XXXX-   | ☐ Checking ■ Savings □ Money Mark □ Brokerage □ Other | <b>12/2024</b><br>et  | \$0.00                                  |  |  |
|                        | o you now have, or did you have within ish, or other valuables?   | 1 year before you filed fo                                  | r bankruptcy, any                                     | y safe deposit box or o                                       | ther depository for securities,         |  |  |
|                        | No<br>Yes. Fill in the details.   |   |   |   |   |  |  |
|                        | lame of Financial Institution<br>ddress (Number, Street, City, State and ZIP Code)  | Who else had acc<br>Address (Number, State and ZIP Code)    |   | Describe the contents   | Do you still have it?                   |  |  |
| 22. <b>Ha</b>          | Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy?   |   |   |   |   |  |  |
|                        | No<br>Yes. Fill in the details.   |   |   |   |   |  |  |
|                        | lame of Storage Facility<br>ddress (Number, Street, City, State and ZIP Code)   | Who else has or to it? Address (Number, State and ZIP Code) |   | Describe the contents   | Do you still have it?                   |  |  |

| Del | otor 1 Adriane Christine Calcote   |   |                                       |                     |
|-----|--|---|---------------------------------------|---------------------|
| Del | otor 2 Cameron Dwayne Hambrick   |   | Case number (if known)                |                     |
| Pai | t 9: Identify Property You Hold or Control for   | Someone Else  |                                       |                     |
| 23. | Do you hold or control any property that some for someone.   | one else owns? Include any proper   | rty you borrowed from, are storing fo | r, or hold in trust |
|     | ■ No □ Yes. Fill in the details.   |   |                                       |                     |
|     | Owner's Name<br>Address (Number, Street, City, State and ZIP Code)   | Where is the property?<br>(Number, Street, City, State and ZIP<br>Code)   | Describe the property                 | Value               |
| Pai | t 10: Give Details About Environmental Inform  | ation   |                                       |                     |
| For | the purpose of Part 10, the following definitions  | apply:  |                                       |                     |
| •   | Environmental law means any federal, state, or toxic substances, wastes, or material into the a regulations controlling the cleanup of these sul Site means any location, facility, or property as | ir, land, soil, surface water, ground<br>bstances, wastes, or material.   | dwater, or other medium, including s  | tatutes or          |
| _   | to own, operate, or utilize it, including disposal   | sites.  |                                       |                     |
|     | Hazardous material means anything an environ hazardous material, pollutant, contaminant, or  |   | s waste, hazardous substance, toxic   | substance,          |
| Rep | ort all notices, releases, and proceedings that yo   | ou know about, regardless of whe  | n they occurred.                      |                     |
| 24. | Has any governmental unit notified you that you  | u may be liable or potentially liable                                     | under or in violation of an environm  | ental law?          |
|     | ■ No   |   |                                       |                     |
|     | Yes. Fill in the details.  |   |                                       |                     |
|     | Name of site<br>Address (Number, Street, City, State and ZIP Code)   | Governmental unit<br>Address (Number, Street, City, State an<br>ZIP Code) | Environmental law, if you know it     | Date of notice      |
| 25. | Have you notified any governmental unit of any   | release of hazardous material?  |                                       |                     |
|     | No   |   |                                       |                     |
|     | Yes. Fill in the details.  |   |                                       | 5                   |
|     | Name of site Address (Number, Street, City, State and ZIP Code)  | Governmental unit<br>Address (Number, Street, City, State an<br>ZIP Code) | Environmental law, if you know it     | Date of notice      |
| 26. | Have you been a party in any judicial or adminis   | strative proceeding under any env   | ironmental law? Include settlements   | and orders.         |
|     | ■ No □ Yes. Fill in the details.   |   |                                       |                     |
|     | Case Title Case Number   | Court or agency Name Address (Number, Street, City, State and ZIP Code)   | Nature of the case                    | Status of the case  |
| Pai | t 11: Give Details About Your Business or Con  | nections to Any Business  |                                       |                     |
| 27. | Within 4 years before you filed for bankruptcy,  | did you own a business or have ar   | ny of the following connections to an | y business?         |
|     | ☐ A sole proprietor or self-employed in a  | •   |                                       | •                   |
|     | ☐ A member of a limited liability company  |   | ·                                     |                     |
|     | ☐ A partner in a partnership   |   |                                       |                     |
|     | ☐ An officer, director, or managing execu  | tive of a corporation   |                                       |                     |
|     | ☐ An owner of at least 5% of the voting or   | equity securities of a corporation  |                                       |                     |

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| Debtor<br>Debtor     |   | Cas   | se number (if known)   |
|----------------------|---|---|--|
|                      | No. None of the above applies. Go to  | Part 12.  |  |
|                      |   | I in the details below for each business.                             |  |
| B                    | dusiness Name<br>ddress<br>lumber, Street, City, State and ZIP Code)                | Describe the nature of the business  Name of accountant or bookkeeper | Employer Identification number Do not include Social Security number or ITIN.  Dates business existed            |
|                      | ithin 2 years before you filed for bankrup stitutions, creditors, or other parties. | tcy, did you give a financial statement to an                         | yone about your business? Include all financial  |
|                      | No<br>Yes. Fill in the details below.   |   |  |
| Α                    | lame<br>.ddress<br>lumber, Street, City, State and ZIP Code)                        | Date Issued   |  |
| Part 1               | 2: Sign Below   |   |  |
| are true<br>with a l | e and correct. I understand that making a   |   | leclare under penalty of perjury that the answers otaining money or property by fraud in connection rs, or both. |
| /s/ Ad               | Iriane Christine Calcote  | /s/ Cameron Dwayne Hambrid  | :k   |
|                      | ne Christine Calcote<br>ture of Debtor 1  | Cameron Dwayne Hambrick<br>Signature of Debtor 2                      |  |
| Date                 | April 23, 2025  | Date April 23, 2025   |  |
| Did you              | u attach additional pages to <i>Your Statem</i>                                     | ent of Financial Affairs for Individuals Filing                       | g for Bankruptcy (Official Form 107)?  |
| ■ No                 |   |   |  |
| ☐ Yes                |   |   |  |
| Did you<br>■ No      | u pay or agree to pay someone who is no   | t an attorney to help you fill out bankruptcy                         | forms?   |
| ☐ Yes.               | . Name of Person Attach the Bankro  | uptcy Petition Preparer's Notice, Declaration, a                      | nd Signature (Official Form 119).  |

| Fill in this information to identify your case: |                           |                                  |  |  |  |  |
|---|---------------------------|----------------------------------|--|--|--|--|
| Debtor 1  | Adriane Christine Calcote |                                  |  |  |  |  |
| Debtor 2<br>(Spouse, if filing)                 | Cameron Dwayne H          | ambrick                          |  |  |  |  |
| United States E                                 | Sankruptcy Court for the: | Southern District of Mississippi |  |  |  |  |
| Case number (if known)                          |                           |                                  |  |  |  |  |

| Check                                | as directed in lines 17 and 21:                                      |  |  |  |  |
|--------------------------------------|--|--|--|--|--|
|                                      | ording to the calculations required by this ement:                   |  |  |  |  |
|                                      | 1. Disposable income is not determined under 11 U.S.C. § 1325(b)(3). |  |  |  |  |
|                                      | 2. Disposable income is determined under 11 U.S.C. § 1325(b)(3).     |  |  |  |  |
|                                      | 3. The commitment period is 3 years.                                 |  |  |  |  |
|                                      | 4. The commitment period is 5 years.                                 |  |  |  |  |
| ☐ Check if this is an amended filing |  |  |  |  |  |

#### Official Form 122C-1

# **Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period**

10/19

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known).

#### Part 1: Calculate Your Average Monthly Income

- 1. What is your marital and filing status? Check one only.
  - □ Not married. Fill out Column A, lines 2-11.
  - Married. Fill out both Columns A and B, lines 2-11.

Fill in the average monthly income that you received from all sources, derived during the 6 full months before you file this bankruptcy case. 11 U.S.C. § 101(10A). For example, if you are filing on September 15, the 6-month period would be March 1 through August 31. If the amount of your monthly income varied during the 6 months, add the income for all 6 months and divide the total by 6. Fill in the result. Do not include any income amount more than once. For example, if both spouses own the same rental property, put the income from that property in one column only. If you have nothing to report for any line, write \$0 in the space.

|  |                            |                                    |                                   | Column A Debtor 1 |          | Column B Debtor 2 or non-filing spouse |          |
|--|----------------------------|------------------------------------|-----------------------------------|-------------------|----------|--|----------|
| Your gross wages, salary, tips, bonuses, overtime payroll deductions).   | e, and c                   | ommissi                            | ons (before all                   | \$                | 2,654.71 | \$                                     | 2,890.33 |
| <b>Alimony and maintenance payments.</b> Do not include Column B is filled in.   | de paym                    | ents from                          | a spouse if                       | \$                | 0.00     | \$                                     | 0.00     |
| All amounts from any source which are regularly of you or your dependents, including child suppo from an unmarried partner, members of your househo and roommates. Do not include payments from a spo you listed on line 3.  Net income from operating a business, profession, or farm | <b>rt.</b> Includold, your | de regula<br>depende<br>not includ | r contributions<br>ents, parents, | \$                | 0.00     | \$                                     | 0.00     |
| Gross receipts (before all deductions)   | \$                         | 0.00                               |                                   |                   |          |  |          |
| Ordinary and necessary operating expenses  | <b>-</b> \$                | 0.00                               |                                   |                   |          |  |          |
| Net monthly income from a business, profession, or fa  | arm \$                     | 0.00                               | Copy here ->                      | \$                | 0.00     | \$                                     | 0.00     |
| Net income from rental and other real property   | Debto                      | r 1                                |                                   |                   |          |  |          |
| Gross receipts (before all deductions)   | \$_                        | 0.00                               |                                   |                   |          |  |          |
| Ordinary and necessary operating expenses  | <b>-</b> \$ _              | 0.00                               |                                   |                   |          |  |          |
| Net monthly income from rental or other real property  | \$                         | 0.00                               | Copy here ->                      | \$                | 0.00     | \$                                     | 0.00     |

Case number (if known)

|     |   |   |   |  | Column A Debtor 1 |        | Column B Debtor 2 o |              |                                    |
|-----|---|---|---|--|-------------------|--------|---------------------|--------------|------------------------------------|
| 7.  | Interest. d   | lividends, and royalties  |   |  | \$                | 0.00   | \$                  | 0.00         |                                    |
|     |   | ment compensation   |   |  | \$                | 0.00   | \$                  | 0.00         |                                    |
|     |   | er the amount if you contend that the ar<br>Security Act. Instead, list it here:  | mount received was a ben  | efit under   | ·                 |        | · · ·               |              |                                    |
|     |   |   | \$  | 0.00   |                   |        |                     |              |                                    |
|     |   | r spouse  |   | 0.00   |                   |        |                     |              |                                    |
|     | Pension of<br>benefit under<br>not include<br>United Start<br>disability, of<br>pay paid undoes not e | or retirement income. Do not include and the social Security Act. Also, except any compensation, pension, pay, annutes Government in connection with a disport death of a member of the uniformed sonder chapter 61 of title 10, then include exceed the amount of retired pay to which der any provision of title 10 other than  | ny amount received that we as stated in the next sent uity, or allowance paid by the sability, combat-related injuries. If you received a that pay only to the extensh you would otherwise be | tence, do<br>the<br>jury or<br>ny retired<br>t that it | \$                | 0.00   | \$                  | 0.00         |                                    |
| 10. | Income from Do not income received a domestic to United Standisability, of                            | om all other sources not listed above<br>lude any benefits received under the So<br>is a victim of a war crime, a crime again:<br>errorism; or compensation, pension, pa<br>tes Government in connection with a di-<br>or death of a member of the uniformed so<br>in a separate page and put the total belo  | b. Specify the source and cial Security Act; paymen at humanity, or internation y, annuity, or allowance pasability, combat-related in services. If necessary, list                           | ts<br>al or<br>aid by the<br>jury or                   |                   |        |                     |              |                                    |
|     | _   |   |   |  | \$                | 0.00   | \$                  | 0.00         |                                    |
|     | _   |   |   |  | \$                | 0.00   | \$                  | 0.00         |                                    |
|     | Т   | otal amounts from separate pages, if ar   | ny.   | +  | \$                | 0.00   | \$                  | 0.00         |                                    |
|     | each colur  | your total average monthly income. Ann. Then add the total for Column A to the total for Column | the total for Column B.   | \$   | 2,654.71          | + \$ _ | 2,890.33            |              | 5,545.04  all average nthly income |
|     |   | r total average monthly income from   | line 11.  |  |                   |        |                     | \$           | 5,545.04                           |
|     | _   | the marital adjustment. Check one:  |   |  |                   |        |                     |              |                                    |
|     |   | are not married. Fill in 0 below.   |   |  |                   |        |                     |              |                                    |
|     |   | are married and your spouse is filing wit   | •   |  |                   |        |                     |              |                                    |
|     | Fill in   | are married and your spouse is not filing<br>the amount of the income listed in line<br>indents, such as payment of the spouse  | 11, Column B, that was N  |  |                   |        |                     |              |                                    |
|     |   | v, specify the basis for excluding this inc<br>tments on a separate page.   | come and the amount of ir   | ncome dev  | oted to each      | purpos | e. If necessary     | , list addit | ional                              |
|     | If this   | adjustment does not apply, enter 0 belo   | OW.   | _  |                   |        |                     |              |                                    |
|     |   |   |   | _ \$   |                   | _      |                     |              |                                    |
|     |   |   |   | _ \$   |                   | _      |                     |              |                                    |
|     |   |   |   | _  |                   |        |                     |              |                                    |
|     |   | Total   |   | \$   | 0.00              | _ c    | opy here=>          |              | 0.00                               |
| 14. | Your cur  | rent monthly income. Subtract line 13   | 3 from line 12.   |  |                   |        |                     | \$           | 5,545.04                           |
| 15. | Calculate   | e your current monthly income for the   | e year. Follow these step   | s:   |                   |        |                     |              |                                    |
|     | 15a. Co   | py line 14 here=>   |   |  |                   |        |                     | \$           | 5,545.04                           |

**Adriane Christine Calcote** 

**Cameron Dwayne Hambrick** 

Debtor 1 Debtor 2

| Debtor 1<br>Debtor 2 |   | Adriane Christine Calcote<br>Cameron Dwayne Hambrick   | Case number (if known)                             |                                       |  |  |
|----------------------|---|--|--|---------------------------------------|--|--|
|                      |   | Multiply line 15a by 12 (the number of months in a year).  |  | <b>x</b> 12                           |  |  |
| 1                    | 15b.  | . The result is your current monthly income for the year for this p  | art of the form                                    | \$66,540.48                           |  |  |
| 16. <b>C</b> a       | alcı  | ulate the median family income that applies to you. Follow the   | se steps:  |                                       |  |  |
| 16                   | 6a. I   | Fill in the state in which you live.   |  |                                       |  |  |
| 16                   | 6b. F   | Fill in the number of people in your household. 2  |  |                                       |  |  |
| 16                   | -   | Fill in the median family income for your state and size of househor. To find a list of applicable median income amounts, go online using instructions for this form. This list may also be available at the bar   | ng the link specified in the separate              | \$64,928.00                           |  |  |
| 17. <b>H</b> e       | ow  | do the lines compare?  |  |                                       |  |  |
| 17                   | 7a.   | Line 15b is less than or equal to line 16c. On the top of pa 11 U.S.C. § 1325(b)(3). <b>Go to Part 3.</b> Do NOT fill out Calc   |  |                                       |  |  |
| 17                   | Line 15b is more than line 16c. On the top of page 1 of this form, check box 2, <i>Disposable income is determined under 11 U.S.C.</i> § 1325(b)(3). <b>Go to Part 3 and fill out Calculation of Your Disposable Income (Official Form 122C-2).</b> On line 39 of that form, copy your current monthly income from line 14 above. |  |  |                                       |  |  |
| Part 3:              |   | Calculate Your Commitment Period Under 11 U.S.C. § 1325(   | b)(4)  |                                       |  |  |
| 18. <b>C</b> c       | ору   | your total average monthly income from line 11 .   |  | \$ 5,545.04                           |  |  |
| cc<br>sp<br>19       | onte<br>oous<br>9a. I   | Ict the marital adjustment if it applies. If you are married, your send that calculating the commitment period under 11 U.S.C. § 132 se's income, copy the amount from line 13.  If the marital adjustment does not apply, fill in 0 on line 19a.  Subtract line 19a from line 18. | 5(b)(4) allows you to deduct part of your          | -\$ <u>0.00</u><br>\$ <u>5,545.04</u> |  |  |
| 20. <b>C</b> a       | alcı  | ulate your current monthly income for the year. Follow these   | steps:   | E 545 04                              |  |  |
| 20                   | 0a. (   | Copy line 19b  |  | \$5,545.04                            |  |  |
|                      | I   | Multiply by 12 (the number of months in a year).   |  | <b>x</b> 12                           |  |  |
| 20                   | 0b. <sup>-</sup>  | The result is your current monthly income for the year for this part   | of the form  | \$ 66,540.48                          |  |  |
| 20                   | 0c. (   | Copy the median family income for your state and size of househo   | old from line 16c                                  | \$64,928.00                           |  |  |
| 21                   | 1. I  | How do the lines compare?  |  |                                       |  |  |
|                      | ı   | Line 20b is less than line 20c. Unless otherwise ordered by t period is 3 years. Go to Part 4.   | he court, on the top of page 1 of this form, check | s box 3, The commitment               |  |  |
|                      | ı   | Line 20b is more than or equal to line 20c. Unless otherwise commitment period is 5 years. Go to Part 4.   | ordered by the court, on the top of page 1 of this | s form, check box 4, The              |  |  |
| Part 4:              |   | Sign Below   |  |                                       |  |  |
| Ву                   | y siç   | gning here, under penalty of perjury I declare that the information  | on this statement and in any attachments is true   | and correct.                          |  |  |
| x /                  | s/ A  | Adriane Christine Calcote  | X /s/ Cameron Dwayne Hambrick                      |                                       |  |  |
| 1                    |   | riane Christine Calcote nature of Debtor 1   | Cameron Dwayne Hambrick<br>Signature of Debtor 2   |                                       |  |  |
|                      | •   | April 23, 2025   | Date April 23, 2025                                |                                       |  |  |
|                      | J.10  | MM / DD / YYYY   | MM / DD / YYYY                                     | _                                     |  |  |
| lf '                 | If you checked 17a, do NOT fill out or file Form 122C-2.  |  |  |                                       |  |  |

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| Debtor 1 | Adriane Christine Calcote  |  |                                   |
|----------|--|--|-----------------------------------|
| Debtor 2 | Cameron Dwayne Hambrick  | Case number (if known)                 |                                   |
|          |  |  |                                   |
| If yo    | ou checked 17b, fill out Form 122C-2 and file it with this form. On line | e 39 of that form, copy your current m | onthly income from line 14 above. |

| Fill in         | this informa                    | tion to identify yo                       | our case:                                |  |                     |   |              |                  |           |
|-----------------|---------------------------------|---|--|--|---------------------|---|--------------|------------------|-----------|
| Debto           |                                 | riane Christine                           |  |  |                     |   |              |                  |           |
| Debto<br>(Spou  | r 2 <b>Ca</b><br>se, if filing) | meron Dwayne                              | Hambrick                                 |  |                     |   |              |                  |           |
|                 |                                 | ruptcy Court for the                      | : Southern Distr                         | rict of Mississippi                            |                     |   |              |                  |           |
| Case<br>(if kno | number<br>wn)                   |   |  |  |                     | □ Cr  | neck if this | is an amend      | ed filing |
|                 | I Form 122C-<br>1pter 13        | _   | on of You                                | r Disposabl                                    | e In                | come  |              |                  | 04/25     |
|                 |                                 | , you will need yo<br>d (Official Form 12 |  | py of Chapter 13 Sta                           | atemen              | t of Your Current Mon   | thly Incom   | e and Calcula    | tion of   |
| space           | is needed, at                   |   | heet to this form,                       | , Include the line nui                         |                     | ner, both are equally re<br>o which additional info                           |              |                  |           |
| Part 1          | Calcula                         | te Your Deductio                          | ns from Your Inc                         | ome  |                     |   |              |                  |           |
| the             | questions in                    |   | d the IRS standar                        | rds, go online using                           |                     | certain expense amou<br>lk specified in the sep                               |              |                  |           |
| exp             | enses if they                   | are higher than the                       | standards. Do no                         | t include any operatin                         | ng expe             | se. In later parts of the fenses that you subtracte income in line 13 of Forr | d from inco  |                  |           |
| If yo           | our expenses                    | differ from month to                      | o month, enter the                       | average expense.                               |                     |   |              |                  |           |
| Not             | e: Line numbe                   | ers 1-4 are not use                       | d in this form. The                      | se numbers apply to                            | informa             | ation required by a simila  | ar form used | d in chapter 7 o | cases.    |
| 5.              | The numbe                       | r of people used i                        | n determining yo                         | our deductions from                            | incom               | e   |              |                  |           |
|                 | plus the nun                    |   | nal dependents wh                        |  |                     | eral income tax return,<br>er may be different from                           | 1            | 2                |           |
| Nat             | ional Standa                    | <b>rds</b> You r                          | nust use the IRS I                       | National Standards to                          | answe               | er the questions in lines   | 6-7.         |                  |           |
| 6.              |                                 |   |  | nber of people you er<br>ing, and other items. | ntered i            | n line 5 and the IRS Na   | tional       | \$               | 1,411.00  |
| 7.              | the dollar ar<br>people who     | nount for out-of-poo<br>are 65 or olderbe | cket health care. T<br>cause older peopl | he number of people                            | is split<br>allowan | ered in line 5 and the IR into two categoriespeace for health car costs.      | ople who ar  | e under 65 and   | d         |

Official Form 122C-2

| or 2   | Cameron Dwayne Hambrick  |  | Case number (   |  |                           |                                |
|--|--|--|---|--|---------------------------|--------------------------------|
| People   | who are under 65 years of age  |  |   |  |                           |                                |
| copic  | who are ander so years or age  |  |   |  |                           |                                |
| 7a   | Out-of-pocket health care allowance per person   | \$83   |   |  |                           |                                |
| 7b   | . Number of people who are under 65  | X2   |   |  |                           |                                |
| 7c   | Subtotal. Multiply line 7a by line 7b.   | \$166.00_  | Copy here   | => \$                                  | 166.00                    |                                |
| 'eople   | who are 65 years of age or older   |  |   |  |                           |                                |
| 7d   | I. Out-of-pocket health care allowance per person  | \$158_   |   |  |                           |                                |
| 7e   | . Number of people who are 65 or older   | X0   |   |  |                           |                                |
| 7f.  | Subtotal. Multiply line 7d by line 7e.   | \$   | Copy here   | => \$                                  | 0.00                      |                                |
| 7g   | J. <b>Total.</b> Add line 7c and line 7f   | \$_  | 166.00  | Сор                                    | y total here=>            | \$166.00                       |
| ankru<br>■ Hou<br>■ Hou<br>o ans<br>epara  | ising and utilities - Insurance and operating expensing and utilities - Mortgage or rent expenses wer the questions in lines 8-9, use the U.S. Trustote instructions for this form. This chart may also  | ee Program chart. To fir<br>be available at the bank   | ruptcy clerk's o  | ffice.                                 |                           | specified in the               |
| House  | ising and utilities - Mortgage or rent expenses<br>wer the questions in lines 8-9, use the U.S. Trusto   | ee Program chart. To fir<br>be available at the bank<br>enses: Using the numbe   | kruptcy clerk's o   | ffice.                                 |                           | •                              |
| eankru  Hou  Hou  o ans: separas  Ho  in  Ho   | ising and utilities - Mortgage or rent expenses wer the questions in lines 8-9, use the U.S. Truste te instructions for this form. This chart may also busing and utilities - Insurance and operating exp the dollar amount listed for your county for insurance   | ee Program chart. To fir<br>be available at the bank<br>enses: Using the numbe<br>and operating expenses<br>fill in the dollar amount  | kruptcy clerk's o   | ffice.                                 |                           | •                              |
| Hou<br>Hou<br>To ansiseparation.   | using and utilities - Mortgage or rent expenses wer the questions in lines 8-9, use the U.S. Truste te instructions for this form. This chart may also busing and utilities - Insurance and operating expensed the dollar amount listed for your county for insurance busing and utilities - Mortgage or rent expenses:  Using the number of people you entered in line 5,   | ee Program chart. To fir<br>be available at the bank<br>enses: Using the number<br>and operating expenses<br>fill in the dollar amount<br>es.<br>and other debts secured<br>add all amounts that are   | kruptcy clerk's o<br>er of people you e<br>s.                 | ffice.<br>Intered in lii               | ne 5, fill<br>\$_         | •                              |
| Hou<br>Hou<br>To ansiseparation.   | wer the questions in lines 8-9, use the U.S. Truste te instructions for this form. This chart may also busing and utilities - Insurance and operating expected the dollar amount listed for your county for insurance busing and utilities - Mortgage or rent expenses:  1. Using the number of people you entered in line 5, listed for your county for mortgage or rent expenses.  2. Total average monthly payment for all mortgages  To calculate the total average monthly payment, a contractually due to each secured creditor in the 6   | ee Program chart. To fir<br>be available at the bank<br>enses: Using the number<br>and operating expenses<br>fill in the dollar amount<br>es.<br>and other debts secured<br>add all amounts that are   | ruptcy clerk's o<br>er of people you e<br>i.<br>by your home. | ffice.<br>Intered in lii               | ne 5, fill<br>\$_         | •                              |
| Hou<br>Hou<br>o ansieparati<br>h. Ho   | wer the questions in lines 8-9, use the U.S. Truste te instructions for this form. This chart may also busing and utilities - Insurance and operating expetthe dollar amount listed for your county for insurance busing and utilities - Mortgage or rent expenses:  a. Using the number of people you entered in line 5, listed for your county for mortgage or rent expenses.  b. Total average monthly payment for all mortgages. To calculate the total average monthly payment, a contractually due to each secured creditor in the 6 for bankruptcy. Next divide by 60.  | ee Program chart. To fir be available at the bank senses: Using the number and operating expenses fill in the dollar amount es.  and other debts secured add all amounts that are so months after you file   | ruptcy clerk's o<br>er of people you e<br>i.<br>by your home. | ffice.<br>Intered in lii               | ne 5, fill<br>\$_         | •                              |
| Hou<br>Hou<br>To ansiseparation.   | wer the questions in lines 8-9, use the U.S. Truste to instructions for this form. This chart may also busing and utilities - Insurance and operating expethe dollar amount listed for your county for insurance busing and utilities - Mortgage or rent expenses:  a. Using the number of people you entered in line 5, listed for your county for mortgage or rent expenses.  b. Total average monthly payment for all mortgages.  To calculate the total average monthly payment, a contractually due to each secured creditor in the 6 for bankruptcy. Next divide by 60.  Name of the creditor  | ee Program chart. To fire be available at the bank senses: Using the number and operating expenses fill in the dollar amount es.  and other debts secured add all amounts that are to months after you file  Average monthly payment   | ruptcy clerk's o<br>er of people you e<br>i.<br>by your home. | ffice.<br>Intered in lii               | ne 5, fill<br>\$_         | 783.0                          |
| Hou<br>o ans<br>eparati<br>. Ho<br>. Ho  | wer the questions in lines 8-9, use the U.S. Truste te instructions for this form. This chart may also busing and utilities - Insurance and operating expected the dollar amount listed for your county for insurance busing and utilities - Mortgage or rent expenses:  1. Using the number of people you entered in line 5, listed for your county for mortgage or rent expenses.  2. Total average monthly payment for all mortgages.  3. Total average monthly payment for all mortgages.  4. To calculate the total average monthly payment, a contractually due to each secured creditor in the 6 for bankruptcy. Next divide by 60.  4. Name of the creditor  4. PONE-  9b. Total average monthly payment.  | ee Program chart. To fire be available at the bank senses: Using the number and operating expenses fill in the dollar amount es.  and other debts secured add all amounts that are to months after you file  Average monthly payment   | by your home.  Copy   | ffice. Intered in lin                  | 796.00                    | 783.0                          |
| Houles Ho | wer the questions in lines 8-9, use the U.S. Truste te instructions for this form. This chart may also busing and utilities - Insurance and operating expected the dollar amount listed for your county for insurance busing and utilities - Mortgage or rent expenses:  1. Using the number of people you entered in line 5, listed for your county for mortgage or rent expenses.  2. Total average monthly payment for all mortgages.  3. Total average monthly payment for all mortgages.  4. To calculate the total average monthly payment, a contractually due to each secured creditor in the 6 for bankruptcy. Next divide by 60.  4. Name of the creditor  4. PONE-  9b. Total average monthly payment.  | the Program chart. To fire the available at the bank the | by your home.  Copy   | ffice. Intered in lin                  | 796.00  0.00              | Repeat this amoun on line 33a. |
| Houles House | wer the questions in lines 8-9, use the U.S. Truste te instructions for this form. This chart may also busing and utilities - Insurance and operating expethe dollar amount listed for your county for insurance busing and utilities - Mortgage or rent expenses:  a. Using the number of people you entered in line 5, listed for your county for mortgage or rent expenses.  b. Total average monthly payment for all mortgages.  To calculate the total average monthly payment, a contractually due to each secured creditor in the 6 for bankruptcy. Next divide by 60.  Name of the creditor  -NONE-  9b. Total average monthly payment of the creditor in the 6 for bankruptcy. Sext divide by 60.  Subtract line 9b (total average monthly payment) of the creditor in the 9b (total average monthly payment) of the creditor in the 9b (total average monthly payment) of the creditor in the 9b (total average monthly payment) of the creditor in the 9b (total average monthly payment) of the creditor in the 9b (total average monthly payment) of the creditor in the 9b (total average monthly payment) of total average monthly payment of total average monthy payment of total average monthly payment of total average month | ee Program chart. To fire be available at the bank penses: Using the number and operating expenses fill in the dollar amount es.  and other debts secured add all amounts that are so months after you file  Average monthly payment  \$   | by your home.  Copy here=>                                    | ## ## ## ## ## ## ## ## ## ## ## ## ## | 796.00  0.00  Copy here=> | Repeat this amoun on line 33a. |

**Adriane Christine Calcote** 

Debtor 1

| Debtor 1<br>Debtor 2 |   |              |               |               | Case n       | umber ( <i>if</i> | known)       |  |        |
|----------------------|---|--------------|---------------|---------------|--------------|-------------------|--------------|--|--------|
| 11.                  | Local transportation expenses: Check the number   | r of vehic   | cles for whic | h you claim a | an ow        | nership           | or operating | g expense.                                     |        |
|                      | ☐ 0. Go to line 14.   |              |               |               |              |                   |              |  |        |
|                      | ☐ 1. Go to line 12.   |              |               |               |              |                   |              |  |        |
|                      | 2 or more. Go to line 12.   |              |               |               |              |                   |              |  |        |
| 12.                  | Vehicle operation expense: Using the IRS Local Soperating expenses, fill in the Operating Costs that  |              |               |               |              |                   |              |  | 520.00 |
| 13.                  | <b>Vehicle ownership or lease expense:</b> Using the II You may not claim the expense if you do not make more than two vehicles.                                  |              |               |               |              |                   |              |  |        |
| Ve                   | hicle 1 Describe Vehicle 1: 2020 Ford Must  | ang 574      | 132 miles     |               |              |                   |              |  |        |
| 13a                  | . Ownership or leasing costs using IRS Local Standa   | rd           |               |               | 9            | S                 | 619.00       |  |        |
| 13b                  | . Average monthly payment for all debts secured by No not include costs for leased vehicles.  | /ehicle 1.   |               |               |              |                   |              |  |        |
|                      | To calculate the average monthly payment here and are contractually due to each secured creditor in the bankruptcy. Then divide by 60.                            |              |               |               | t            |                   |              |  |        |
|                      | Name of each creditor for Vehicle 1   |              | Average i     | monthly       |              |                   |              |  |        |
|                      | Cadence Bank  |              | \$            | 635.80        |              |                   |              |  |        |
|                      | Total Average Monthly Pa  | yment        | \$            | 635.80        | Cop          |                   | 635          | Repeat this amount on line 33b.                |        |
| 13c.                 | . Net Vehicle 1 ownership or lease expense<br>Subtract line 13b from line 13a. if the numbert is les  | s than \$0   | ), enter \$0. |               |              | \$                | 0.00         | Copy net<br>Vehicle 1<br>expense here<br>=> \$ | 0.00   |
| Ve                   | hicle 2 Describe Vehicle 2:   |              |               |               | L            |                   |              |  |        |
| 13d                  | . Ownership or leasing costs using IRS Local Standa   | rd           |               |               | 9            | S                 | 0.00         |  |        |
| 13e                  | . Average monthly payment for all debts secured by leased vehicles. $$  | /ehicle 2.   | . Do not incl | ude costs for |              |                   |              |  |        |
|                      | Name of each creditor for Vehicle 2   |              | Average i     | monthly       |              |                   |              |  |        |
|                      | -NONE-  |              | \$            |               |              |                   |              |  |        |
|                      | Total average monthly pag   | /ment        | \$            | 0.00          | Copy<br>here |                   | 0.0          | Repeat this amount on line 33c.                |        |
| 13f.                 | Net Vehicle 2 ownership or lease expense<br>Subtract line 13e from line 13d. if this number is less   | s than \$0   | , enter \$0.  |               |              | \$                | 0.00         | Copy net<br>Vehicle 2<br>expense here<br>=> \$ | 0.00   |
| 14.                  | Public transportation expense: If you claimed 0 Public Transportation expense allowance regard  |              |               |               |              |                   |              | <br>n the<br>\$                                | 0.00   |
| 15.                  | Additional public transportation expense: If you also deduct a public transportation expense, you may not claim more than the IRS Local Standard for <i>Pub</i> . | ay fill in w | hat you beli  |               |              |                   |              |  | 0.00   |

Adriane Christine Calcote Debtor 1 **Cameron Dwayne Hambrick** Debtor 2 Case number (if known) **Other Necessary Expenses** In addition to the expense deductions listed above, you are allowed your monthly expenses for the following IRS categories. 16. Taxes: The total monthly amount that you will actually pay for federal, state and local taxes, such as income taxes, self-employment taxes, social security taxes, and Medicare taxes. You may include the monthly amount withheld from your pay for these taxes. However, if you expect to receive a tax refund, you must divide the expected refund by 12 and subtract that number from the total monthly amount that is withheld to pay for taxes. 641.21 Do not include real estate, sales, or use taxes. 17. Involuntary deductions: The total monthly payroll deductions that your job requires, such as retirement contributions, union dues, and uniform costs. 0.00 Do not include amounts that are not required by your job, such as voluntary 401(k) contributions or payroll savings. 18. Life Insurance: The total monthly premiums that you pay for your own term life insurance. If two married people are filing together, include payments that you make for your spouse's term life insurance. Do not include premiums for life insurance on your dependents, for a non-filing spouse's life insurance, or for any form 0.00 of life insurance other than term. 19. Court-ordered payments: The total monthly amount that you pay as required by the order of a court or administrative agency, such as spousal or child support payments. 0.00 Do not include payments on past due obligations for spousal or child support. You will list these obligations in line 35. 20. Education: The total monthly amount that you pay for education that is either required: as a condition for your job, or 0.00 for your physically or mentally challenged dependent child if no public education is available for similar services. 21. Childcare: The total monthly amount that you pay for childcare, such as babysitting, daycare, nursery, and preschool. 0.00 Do not include payments for any elementary or secondary school education. 22. Additional health care expenses, excluding insurance costs: The monthly amount that you pay for health care that is required for the health and welfare of you or your dependents and that is not reimbursed by insurance or paid by a health savings account. Include only the amount that is more than the total entered in line 7. 0.00 Payments for health insurance or health savings accounts should be listed only in line 25. 23. Optional telephone and telephone services: The total monthly amount that you pay for telecommunication services for you and your dependents, such as pagers, call waiting, caller identification, special long distance, or business cell phone service, to the extent necessary for your health and welfare or that of your dependents or for the production of income, if it is not reimbursed by your employer. Do not include payments for basic home telephone, internet and cell phone service. Do not include self-employment 0.00 expenses, such as those reported on line 5 of Official Form 122C-1, or any amount you previously deducted. 4,317.21 24. Add all of the expenses allowed under the IRS expense allowances. Add lines 6 through 23. **Additional Expense Deductions** These are additional deductions allowed by the Means Test. Note: Do not include any expense allowances listed in lines 6-24. 25. Health insurance, disability insurance, and health savings account expenses. The monthly expenses for health insurance, disability insurance, and health savings accounts that are reasonably necessary for yourself, your spouse, or your dependents. Health insurance 0.00 Disability insurance 0.00 0.00 Health savings account 0.00 Total 0.00 \$ Copy total here=> Do you actually spend this total amount? П No. How much do you actually spend? 26. Continuing contributions to the care of household or family members. The actual monthly expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household or member of your immediate family who is unable to pay for such expenses. These expenses may 0.00 include contributions to an account of a qualified ABLE program. 26 U.S.C. § 529A(b). 27. Protection against family violence. The reasonably necessary monthly expenses that you incur to maintain the safety of you and your family under the Family Violence Prevention and Services Act or other federal laws that apply.

By law, the court must keep the nature of these expenses confidential.

| ebtor 1<br>ebtor 2 | Adriane Christine Calcote Cameron Dwayne Hambrick   | Case number (if known)   |           |           |  |  |  |  |
|--------------------|---|--|-----------|-----------|--|--|--|--|
|                    | Additional home energy costs. Your hom line 8.  | ne energy costs are included in your insurance and operating expenses on   |           |           |  |  |  |  |
|                    | If you believe that you have home energy c<br>8, then fill in the excess amount of home er  | costs that are more than the home energy costs included in expenses on line nergy costs.   |           |           |  |  |  |  |
|                    | You must give your case trustee document amount claimed is reasonable and necessa   | ation of your actual expenses, and you must show that the additional ary.  | \$        | 0.0       |  |  |  |  |
|                    |   | dren who are younger than 18. The monthly expenses (not more than expendent children who are younger than 18 years old to attend a private or                                  |           |           |  |  |  |  |
|                    | You must give your case trustee documentation of your actual expenses, and you must explain why the amount claimed is reasonable and necessary and not already accounted for in lines 6-23.                 |  |           |           |  |  |  |  |
|                    | * Subject to adjustment on 4/01/28, and eve   | ery 3 years after that for cases begun on or after the date of adjustment.   | \$        | 0.0       |  |  |  |  |
|                    |   | the monthly amount by which your actual food and clothing expenses are gallowances in the IRS National Standards. That amount cannot be more as in the IRS National Standards. |           |           |  |  |  |  |
|                    | To find a chart showing the maximum additional allowance, go online using the link specified in the separate instructions for this form. This chart may also be available at the bankruptcy clerk's office. |  |           |           |  |  |  |  |
|                    | You must show that the additional amount  | claimed is reasonable and necessary.   | \$_       | 0.0       |  |  |  |  |
|                    | Continuing charitable contributions. The instruments to a religious or charitable orga  | e amount that you will continue to contribute in the form of cash or financial anization. 11 U.S.C. § 548(d)(3) and (4).   |           |           |  |  |  |  |
|                    | Do not include any amount more than 15%   | of your gross monthly income.  | \$_       | 0.0       |  |  |  |  |
|                    | 22. Add all of the additional expense deductions.  Add lines 25 through 31.   |  |           |           |  |  |  |  |
| Dedu               | uctions for Debt Payment  |  |           |           |  |  |  |  |
|                    | or debts that are secured by an interest<br>pans, and other secured debt, fill in lines   | in property that you own, including home mortgages, vehicle 33a through 33e.   |           |           |  |  |  |  |
|                    | o calculate the total average monthly paym<br>reditor in the 60 months after you file for ba  | nent, add all amounts that are contractually due to each secured inkruptcy. Then divide by 60.   |           |           |  |  |  |  |
|                    | Mortgages on your home  |  | Averag    | e monthly |  |  |  |  |
| 33a.               | Copy line 9b here   | =>   | \$        | 0.00      |  |  |  |  |
|                    | Loans on your first two vehicles  |  |           |           |  |  |  |  |
| 33b.               | Copy line 13b here  | =>   | \$        | 635.80    |  |  |  |  |
| 33c.               | Copy line 13e here  | =>   | \$        | 0.00      |  |  |  |  |
| 33d.               | List other secured debts  |  |           |           |  |  |  |  |
| Name               | e of each creditor for other secured debt   | Identify property that secures the debt  Does payment include taxes or insurance?  |           |           |  |  |  |  |
|                    |   | □ No   |           |           |  |  |  |  |
|                    | -NONE-  | Yes  | \$        |           |  |  |  |  |
|                    |   | □ No   |           |           |  |  |  |  |
|                    |   | — ···  | \$        |           |  |  |  |  |
|                    |   |  |           |           |  |  |  |  |
|                    |   | □ No   |           |           |  |  |  |  |
|                    |   |  | \$        |           |  |  |  |  |
|                    |   | Сору   |           |           |  |  |  |  |
| 33e.               | Total average monthly payment. Add lines  | s 33a through 33d \$\$ <b>635.80</b> total here=:  | <b>\$</b> | 635.80    |  |  |  |  |

Official Form 122C-2

Debtor 1

| Debtor 1<br>Debtor 2 | Adriane Christine Calcote Cameron Dwayne Hambrick  | · ·  |                                   | Case                        | e number ( <i>if known</i> ) |                     |            |          |
|----------------------|--|--|-----------------------------------|-----------------------------|------------------------------|---------------------|------------|----------|
|                      | e any debts that you listed in lin-<br>other property necessary for yo   |  |                                   |                             | ,                            |                     |            |          |
|                      | No. Go to line 35.   |  |                                   |                             |                              |                     |            |          |
|                      | Yes. State any amount that you listed in line 33, to keep po Next, divide by 60 and fill in  | ssession of your property (cal   |                                   |                             |                              |                     |            |          |
| Name                 | of the creditor  | Identify property that secure  | s the deb                         | t                           | Total cure amount            |                     | onthly cui | re       |
| -NON                 | IE-  |  |                                   | \$                          |                              | ÷ 60 = \$           |            |          |
|                      |  |  |                                   |                             |                              | Сору                |            |          |
|                      |  |  |                                   | Total                       | \$0.00                       | total<br>here=>     | . \$       | 0.00     |
| are                  | you owe any priority claims - see past due as of the filing date of No. Go to line 36.  Yes. Fill in the total amount of all ongoing priority claims, such   | f your bankruptcy case? 11   | U.S.C. §                          | 507.                        | at                           |                     |            |          |
|                      | Total amount of all past-d   | ue priority claims   |                                   |                             | \$ 0.00                      | ÷ 60                | \$         | 0.00     |
| 36. <b>Pro</b>       | pjected monthly Chapter 13 plan  |  |                                   |                             | \$ 802.62                    | -                   |            |          |
| Off<br>the<br>To     | rrent multiplier for your district as sice of the United States Courts (fo Executive Office for United States find a list of district multipliers that incluante instructions for this form. This list | r districts in Alabama and Nor<br>s Trustees (for all other distric<br>ides your district, go online using | rth Caroli<br>ts).<br>the link sp | na) or by<br>ecified in the | X 10.00                      | -                   |            |          |
|                      | erage monthly administrative expe  | ·  | . ,                               |                             | \$80.26                      | Copy tota<br>here=> |            | 80.26    |
| 37. <b>A</b>         | dd all of the deductions for deb   | t payment. Add lines 33e thro  | ough 36.                          |                             |                              |                     | \$         | 716.06   |
| Total [              | Deductions from Income   |  |                                   |                             |                              |                     |            |          |
| 38. <b>Ad</b>        | d all of the allowed deductions.   |  |                                   |                             |                              |                     |            |          |
|                      | opy line 24, <i>All of the expenses al</i><br>expense allowances   | lowed under IRS  | \$                                | 4,317.21                    |                              |                     |            |          |
| С                    | opy line 32, All of the additional ex  | pense deductions   | \$                                | 0.00                        | _                            |                     |            |          |
| С                    | opy line 37, All of the deductions f   | or debt payment  | +\$                               | 716.06                      |                              |                     |            |          |
| To                   | otal deductions  |  | \$                                | 5,033.27                    | Copy total here=             | •                   | \$         | 5,033.27 |

| Debioi i   |  | tine Calcote<br>yne Hambrick  |                                       | . Ca  | se num          | ber ( <i>if known</i> )   |                    |          |
|--|--|---|---------------------------------------|---|-----------------|---|--------------------|----------|
| Part 2: D  | etermine You   | ur Disposable Income Under 11   | J.S.C. § 1325(b                       | o)(2)                                       |                 |   |                    |          |
|  |  | rent monthly income from line 1<br>Current Monthly Income and Cal   |                                       |   |                 |   | \$                 | 5,545.04 |
| <b>childre</b><br>disabili<br>receive                    | en. The month<br>ty payments for<br>ed in accordan   | oly necessary income you receively average of any child support particle and a dependent child, reported in Fince with applicable nonbankruptcy ended for such child. | ments, foster o<br>art I of Form 12   | are payments, or 2C-1, that you             | \$              | 0   | 0.00               |          |
| employ<br>in 11 U  | 11. Fill in all qualified retirement deductions. The monthly total of all amounts that your employer withheld from wages as contributions for qualified retirement plans, as specified in 11 U.S.C. § 541(b)(7) plus all required repayments of loans from retirement plans, as specified in 11 U.S.C. § 362(b)(19). |   |                                       |   |                 | 0   | 0.00               |          |
| 42. Total o  | f all deduction  | ons allowed under 11 U.S.C. § 70  | <b>7(b)(2)(A).</b> Cop                | y line 38 here=                             | <b>:&gt;</b> \$ | 5,033   | 3.27               |          |
| expens<br>their ex                                       | ses and you ha<br>openses. You   | ial circumstances. If special circulate ave no reasonable alternative, des must give your case trustee a deta ocumentation for the expenses.                          | cribe the specia                      | Il circumstances ar                         | nd              |   |                    |          |
| Describe t   | he special ci  | rcumstances   |                                       | Amount of expe                              | ense            |   |                    |          |
|  |  |   |                                       | \$  |                 |   |                    |          |
|  |  |   |                                       | \$  |                 |   |                    |          |
|  |  |   |                                       | \$  |                 | -   |                    |          |
|  |  |   | Total \$_                             | 0.00  | Co              | py<br>re=> \$   | 0.00               |          |
| 44. Total a  | ndjustments.   | Add lines 40 through 43   |                                       | =>  | \$              | 5,033.27  | Copy<br>here=> -\$ | 5,033.27 |
| 45. <b>Calcul</b>  | ate your mon   | thly disposable income under §  | <b>1325(b)(2).</b> Su                 | btract line 44 from                         | line 3          | 9.  | \$                 | 511.77   |
| 46. <b>Chang</b> reporte                                 | e in income of<br>d in this form<br>ankruptcy petit  | or expenses. If the income in Formula the changed or are virtually certains and during the time your case   | in to change af<br>will be open, fill | ter the date you file<br>in the information | ed              |   |                    |          |
| 122C-1   | in the first co  | if the wages reported increased af<br>dumn, enter line 2 in the second co<br>in the increase occurred, and fill in  | lumn, explain v                       | hy the wages                                |                 |   |                    |          |
| Form   | Line   | Reason for change   |                                       | Date of change                              | •               | Increase or decrease?   | Amount of cha      | inge     |
| ☐ 122C-1<br>☐ 122C-2<br>☐ 122C-1<br>☐ 122C-2<br>☐ 122C-1 |  |   |                                       |   |                 | ☐ Increase ☐ Decrease ☐ Increase ☐ Decrease ☐ Increase ☐ Increase | \$<br>\$           |          |
| ☐ 122C-2   |  |   |                                       | _   |                 | Decrease  | \$                 |          |
| ☐ 122C-1<br>☐ 122C-2                                     |  |   |                                       |   |                 | ☐ Increase ☐ Decrease   | \$                 |          |

### 25-01041 Dkt 4 Filed 04/23/25 Entered 04/23/25 16:01:11 Page 47 of 52

| Debtor 1<br>Debtor 2 | Adriane Christine Calcote Cameron Dwayne Hambrick                   |      | Case number (if known)  |
|----------------------|---|------|---|
| Part 4:              | Sign Below  |      |   |
|                      | By signing here, under penalty of perjury you declare that the info |      | on on this statement and in any attachments is true and correct.  /s/ Cameron Dwayne Hambrick |
| Α.                   | Adriane Christine Calcote Signature of Debtor 1                     | ^    | Cameron Dwayne Hambrick Signature of Debtor 2   |
| Date                 | April 23, 2025<br>MM / DD / YYYY                                    | Date | April 23, 2025  MM / DD / YYYY  |

## Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

### The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

| Chapter 7: |    | Liquidation        |
|------------|----|--------------------|
| \$24       | 15 | filing fee         |
| \$7        | '8 | administrative fee |
| + \$1      | 5  | trustee surcharge  |
| \$33       | 38 | total fee          |

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their non-exempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes;

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft:

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

#### **Chapter 11: Reorganization**

\$1,167 filing fee

\$571 administrative fee

\$1,738 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

### **Read These Important Warnings**

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

## Chapter 12: Repayment plan for family farmers or fishermen

|   | \$200 | filing fee         |
|---|-------|--------------------|
| + | \$78  | administrative fee |
|   | \$278 | total fee          |

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

# Chapter 13: Repayment plan for individuals with regular income

|   | \$235 | filing fee         |
|---|-------|--------------------|
| + | \$78  | administrative fee |
|   | \$313 | total fee          |

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes.

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

### Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to:

http://www.uscourts.gov/forms/bankruptcy-forms

### Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

#### Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

## Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: <a href="http://www.uscourts.gov/services-forms/bankruptcy/credit-counseling-and-debtor-education-courses">http://www.uscourts.gov/services-forms/bankruptcy/credit-counseling-and-debtor-education-courses</a>.

In Alabama and North Carolina, go to: <a href="http://www.uscourts.gov/services-forms/bankruptcy/cre">http://www.uscourts.gov/services-forms/bankruptcy/cre</a> dit-counseling-and-debtor-education-courses.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list. B2030 (Form 2030) (12/15)

### United States Bankruptcy Court Southern District of Mississippi

| In re     | Adriane Christine Calcote Cameron Dwayne Hambrick   |   | Case No  |                                   |                 |
|-----------|---|---|--|-----------------------------------|-----------------|
|           |   | Debtor(s)   | Chapter  | 13                                |                 |
|           | DISCLOSURE OF COMPENS   | SATION OF ATTO  | RNEY FOR D   | DEBTOR(S)                         |                 |
|           | Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), compensation paid to me within one year before the filing one rendered on behalf of the debtor(s) in contemplation of contemplation.   | of the petition in bankruptcy,  | , or agreed to be pai  | d to me, for services i           |                 |
|           | For legal services, I have agreed to accept   |   | s  | 4,000.00                          |                 |
|           | Prior to the filing of this statement I have received   |   |  | 267.00                            |                 |
|           | Balance Due   |   |  | 3,733.00                          |                 |
| 2.        | The source of the compensation paid to me was:  |   |  |                                   |                 |
|           | ■ Debtor □ Other (specify):   |   |  |                                   |                 |
| 3.        | The source of compensation to be paid to me is:   |   |  |                                   |                 |
|           | ■ Debtor □ Other (specify):   |   |  |                                   |                 |
| 4.        | ■ I have not agreed to share the above-disclosed compens  | sation with any other person  | unless they are me   | mbers and associates              | of my law firm. |
|           | ☐ I have agreed to share the above-disclosed compensation copy of the agreement, together with a list of the names  | on with a person or persons vs of the people sharing in the   | who are not member<br>compensation is at                       | rs or associates of my<br>tached. | law firm. A     |
| 5.        | In return for the above-disclosed fee, I have agreed to rende   | er legal service for all aspect   | ts of the bankruptcy   | case, including:                  |                 |
|           | a. Analysis of the debtor's financial situation, and renderin b. Preparation and filing of any petition, schedules, statem c. Representation of the debtor at the meeting of creditors d. [Other provisions as needed]  Negotiations with secured creditors to red reaffirmation agreements and applications 522(f)(2)(A) for avoidance of liens on house | ent of affairs and plan which<br>and confirmation hearing, an<br>uce to market value; exc<br>as needed; preparation | n may be required;<br>and any adjourned he<br>emption planning | earings thereof;                  | filing of       |
| <b>5.</b> | By agreement with the debtor(s), the above-disclosed fee de<br>Representation of the debtors in any disch<br>any other adversary proceeding.  |   |  | ces, relief from sta              | y actions or    |
|           | •   | CERTIFICATION   |  |                                   |                 |
| this b    | certify that the foregoing is a complete statement of any agankruptcy proceeding.   | greement or arrangement for   | payment to me for  | representation of the             | debtor(s) in    |
| Α         | pril 23, 2025   | /s/ Thomas C. Ro  |  |                                   |                 |
| Date      |   | Thomas C. Rollin<br>Signature of Attorne  | •  |                                   |                 |
|           |   | The Rollins Law   |  |                                   |                 |
|           |   | P.O. Box 13767  | 20   |                                   |                 |
|           |   | Jackson, MS 392<br>601-500-5533 Fa  |  |                                   |                 |
|           |   | trollins@therolling   |  |                                   |                 |
|           |   | Name of law firm  |  |                                   |                 |